STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Jo should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. statement PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) LENE (Month) (Oay) (Year) BINDING 5a. If married, widowed, HUSBANO of 22. EREBY CERTIFY, That t ettended deceesed from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated ebove, at I day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... OCCUPAT pluods may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate deceased last worked at no 11. Total time (years) this occupation (month and spant in this GE that occupation ____ instructions Other Contributory Causes of Importance IARGIN 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13, NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) efully What test confirmed diagnosis?. locusica D MOTHER important. 15. MAIOEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______19. 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. very 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? t9. UNDERTAKER (Address) If so, specify M Registrar.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STAT	TEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

N. B.

Exact statement of OCCUPA-

item of infor-

1. PLACE OF DEATH	
County Balto.	Registration Dist. No. 3/
Village or City Cikesvelle	No. anshing from St. Ward
	f death occurred in hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	a
2. FULL NAME was culture	2
(a) Residence: No. Cugaluga Value (Usual grace of abode)	St., Ward. 17 Cover St. Balto ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE S. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH SG (12.
Flurale While OR DIVORCED (write the word)	Cicl. 29. 1934.
5a. If married, widowed, of divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND OF WIFE OF WILLBELT CHIEVS.	HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) NOV. 20 - 1865	last raw h. L. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 11 9. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	My Cordets chronic 101.78
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	A Duration: two years Cury
Shell till (1112)	
year)occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	A 1 4 + 1
(State or country)	acute Jastritio 99 20-3
13. NAME NOS. J. Whenley 14. BIRTHPLACE (city or town) Balto.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4 14. BIRTHPLACE (city or town) 2 alco.	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Unknown.	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT ML. LILLO- Callykany	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Removal Thrus)	
Platoreder Plan (CC) 31 34	Manner of injury
Dale Plate	Nature of injury
19. UNDERTAKER J. J. Syllager & Jon.	24. Was disease or Injury in any way releted to occupation of deceased?
(Address) 3 L J. / Gwadevay	If so, specify
20. FILED 781/34, 19 1 h. / Suppers 1	(Signed) Xev. Henricker M.D.
Registrar.	(Address) 2002 Davuson Bly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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V. S. No. 1 N. B.

Village or -644y What I feel where death occurred T. yrs. mes. ds. How long in U. S. II of foreign birth? yrts. mes. ds. How long in U. S. II of foreign bir	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09943
Village or 6Hy Whele Hell Male (If death occurred in a hopsis or institution, give its NAME interest of street and number) Langth of residence in city or town where death occurred 39, yrs mes. ds. How long in U. S. If of foreign birth? yrts. mes. ds. 2. FULL NAME Male C. B. Analysis of the street of the str	1. PLACE OF DEATH	(131)
Langth of residence in city or town where death occurred Tyre. Langth of residence in city or town where death occurred Tyre. 4. How long in U. S. if of foreign birth? (a) Residence: No. (blowly late of shoot) (c) Interested a shoot) (d) Residence: No. (Usual place of shoot) (C) Low ly late of shoot of	County Hallimole	Registration Dist. No. 31
2. FULL NAME (a) Residence: No. (b) Let John John John John John John John John	20	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Chualphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE OR DIVORCED (coming the world) 5. If married, widened, or dewarced (or) WIFE of Government of the world (or) WIFE of Government of the world (or) WIFE of Government of Government of the world (or) WIFE of Government of Gove	Length of residence In city or town where death occurred 27 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 1.5 SEX 1. COLOR OR RACE OR DIVORCED Curring the word) So. If married, widewed, or diverced HUSBARD of Ord Wife of Ord Wif	2. FULL NAME Mary C B. anders	on
3. SEX 4. COLOR OR RACE S. SINCER, MARKED, WIDOWED, OR DIVORCED (which would) So. It married, widowed, or drowced (co) WHE of A color of the color of the data stated above, at. 12, m. 5. DATE OF BIRTH (month, day, and year) September 1 day. http://dx.dise.or.com/or particular in the color of the data stated above, at. 12, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SEINMER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SEIN with a secured on the data stated above, at. 12, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of owns to the secured on the data stated above, at. 12, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of owns to the secured and the work was done, as SEIN with a secured and the sec		
So. It married, widewed, or diverced HUSBAND (Month) (Day) 193 (Year) 193 (Year) 194 (Wonth) (Day) 195 (Year) 195 (Wonth) (Day) 195 (Year) 195 (Wonth) (Day) 195 (Year) 195 (Year) 195 (Wonth) (Day) 195 (Year) 195 (Year) 195 (Wonth) (Day) 195 (Year) 195 (Ye	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, wideweed, or disperced HUSBAND of (or) WIFE of General HUSBAND of (or) WIFE of	OR DIVORCED (write the word)	COCF 3/ 193 4
6. DATE OF BIRTH (month, day, and year) Supply 11 / 865 - 1 last saw h 1 alive on	5a. If married, widewed, or diverced HUSBAND of	
T. AGE Years Months Days If LESS than I day,hrs. orhrs. orhrs	(or) WIFE of J. James anderson	HEREBY CERTIFY That Lattended deceased from
T. AGE Years Months G The price of the date stated above, at 1.4. m. The principal of the date stated above, at 1.4.	6 DATE OF RIRTH (month day and year) Send 11 1861-	I last saw h St. alive on Oct 80 19 3 4 death is said
8. Trade, profession, or particular sind of work dome as SPINNER, SAWYER, SAWYER, SOWNER, SOWN		
8. Trade, profession, or particular and the original and the profession of particular and the original and the profession and t	1-61	were as follows:
9. Industry or business in which work was done as SILK MILL. SAW MILL, BARK, etc. 1D. Date deceased lask worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Sallaman. 13. NAME Pose Book 14. BIRTHPLACE (city or town). Sallaman. 15. MAIDEN NAME Pose Book 16. BIRTHPLACE (city or town). Sallaman. 17. INFORMANT. 18. BURIAL, CREMATION, OR REMOVAL Place Pose Sallaman. And decased lask or seed at this occupation. 18. BURIAL, CREMATION, OR REMOVAL Place Pose Sallaman. And Description Manner of injury. Nature of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of decased? Manner of injury. Nature of injury. 19. UNDERTAKER Address) What Sallaman. And Description of decased? Manner of injury. Nature of injur	9 Trade profession or particular	Of the Asses of Dela State of onest
12. BIRTHPLACE (city or town) Balliman Co Ind (State or country) 13. NAME Poss Bond 14. BIRTHPLACE (city or town) Balliman Co Ind (State or country) 15. MAIDEN NAME Industry Gane Board 16. BIRTHPLACE (city or town) Balliman Co, Ind (State or country) 17. INFORMANT Industry Gane Gane Gane Gane Gane Gane Gane Gane	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Paralyliler for
12. BIRTHPLACE (city or town) Ballimae Co Md (State or country) 13. NAME Pose Bond 14. BIRTHPLACE (city or town) Ballimae Co Md (State or country) 15. MAIDEN NAME Many Jane Bond 16. BIRTHPLACE (city or town) Ballia Co, Md (State or country) 17. INFORMANT M. J. James and Lawrence Co, Mallia Burlal, CREMATION, OR REMOVAL Place Many Manuer of injury 19. UNDERTAKER P. Mainfalia Sould Manuer of injury in any way related to occupation of deepased? 16. Specify Manuer of Injury 17. Information, OR REMOVAL Place Manuer of injury 18. BURIAL, CREMATION, OR REMOVAL Place Manuer of injury 19. UNDERTAKER P. Mainfalia Sould Manuer of injury 19. UNDERTAKER P. Mainfalia Sould Manuer of injury in any way related to occupation of deepased? 18. Specify Manuer of Injury 19. UNDERTAKER P. Mainfalia Sould Manuer of Injury in any way related to occupation of deepased? 18. Specify Manuer of Injury 19. UNDERTAKER P. Mainfalia Sould Manuer of Injury in any way related to occupation of deepased? 18. Specify Manuer of Injury 19. UNDERTAKER P. Mainfalia Sould Manuer of Injury in any way related to occupation of deepased? 18. Specify Manuer of Injury 19. UNDERTAKER P. Mainfalia Sould Manuer of Injury		J. Aff. S.
What test confirmed diagnosis? Manage Machine an autopsy? Note 15. MAIDEN NAME Probay gene Machine Co, and (State or country) 16. BIRTHPLACE (city or town) Backlo Co, and (State or country) 17. INFDRMANT M. G. Games Grade and Manage Grade and State) 18. BURIAL, CREMATION, OR REMOVAL Place Wash Substituted and State or injury Date Most. A., 1934 19. UNDERTAKER Probablished (Address) 20. FILED Probablished (Signed) 21. State or country diagnosis? Manage (VIDLENCE) fill in also the following: 22. Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	12. BIRTHPLACE (city or town) Ballimine Co Ind	Other Contributory Causes of importance:
What test confirmed diagnosis? Manage Master an autopsy? Not 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Backlo Co, Incl. (State or country) 17. INFDRMANT M. G. Games Grade	13. NAME Rose Bond	William Hemormany
What test confirmed diagnosis? Manage Master an autopsy? Not 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Backlo Co, Incl. (State or country) 17. INFDRMANT M. G. Games Grade	14. BIRTHPLACE (city or town) / Backto Co, Ind	Name of operation Date of
Where did injury occur? 17. INFDRMANT M. G. James Graders Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Wash subjectly Date Nov. 3, 1934 19. UNDERTAKER P. Markelins for (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. FILED M. 1934 M. plus Bortus (Signed) Manner of Injury (Signed) M. D.	(State of Country)	What test confirmed diagnosis? Warrang Qualyasthere an autopsy? he
Where did injury occur? 17. INFDRMANT M. G. James Graders Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Wash subjectly Date Nov. 3, 1934 19. UNDERTAKER P. Markelins for (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. FILED M. 1934 M. plus Bortus (Signed) Manner of Injury (Signed) M. D.	I 15. MAIDEN NAME Many Jane Dwall	23. If death was due to external causes (VIDLENCE) fill in also the following:
17. INFDRMANT M. 9. James (Included Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wish whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER P markling for the property of the property occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 19. UNDERTAKER P markling for the property of the pr	S 16. BIRTHPLACE (city or town) Seells Co, Incl. (State or country)	
Place West Silverty Date Nov. 3. 1934 Nature of Injury 19. UNDERTAKER P. Markleins Low 24. Was disease or injury in any way related to occupation of deceased? 20. FILED Mrs. 20. FILED Mrs. 20. FILED Mrs. 20. FILED Dorling Borton (Signed) Organis M. D.		(Specify city or town, county and State)
20. FILED MY 2 4 M clies Borties (Signed) Organs M. D.	700-1 (Pro + MAT 3	
20. FILED Mr 2 1934 m elicer Borties (Signed) Organs the files M.D.		
		(Signed) Oraque M.D.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	0994
CATL		THE RESIDENCE OF THE PROPERTY OF THE PARTY O	

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U	J	J	4	4

I. PLACE OF DEATH	23
/ county Baltimore	Registration Dist. No. 🕱 B
Village or City_FUDOWOOD_SANATORIUM_TOWSON	M No. 22 Ward
Length of residence in city or town where death occurredyrs,/_mo	death occurred in a hospital or institution, give its NAME instead of street and number) s. 20 ds. How long In U.S. If of foreign birth?
2. FULL NAME Max Gus Au	
(a) Residence: No. 2804 Hamilton as	8 St., Ward. Bollins
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Marke	21. DATE OF DEATH (Month) (Oay) (Year)
5a. It married, widowed, or divorced HUSBAND ot	
(or) WIFE of	22) HEREBY CERTIFY, that attended deceased from 6, 1934, to be to ten 26, 1934
6. DATE OF BIRTH (month, day, and year) July 4, 1893	Hast saw ham alive on October 26, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 45 Pm.
41 3 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z I Trade, protession, or particular kind of work done as SPINNER	Oate ot onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonay Jubuculois May
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	1927
10. Oate deceased last worked at 11. Total time (years)	
this occupation month and year) spent in this occupation / 0	
12. BIRTHPLACE (city or town) Ballemon	Other Contributory Causes of importance:
(State or country)	
13. NAME Olto Ay	
13. NAME Ollo Agentary 14. BIRTHPLACE (city or town). Getway.	Name ot operation Date of
(State of country)	What test confirmed diagnosis? 1 - 1 - Was there an autopsy? No.
15. MAIOEN NAME Julas. 16. BIRTHPLACE (city or town). Gleway.	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) fluxy.	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specity whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
Eudowood Sanatorium, Towson, Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Ballutoro Cem Oate Oct 29 1984	Manner of injury
OIC Port	Nature of injury
19. UNDERTAKER COM CAddress)	24. Was disease or Injury in any way related to occupation of deceased?
(nuiess)	It so, specity
20. FILEO. Oct 2-6, 193.4.	(Signed) M.D. (Address) Towson Md.
Registrar.	" (voness)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

of OCCUPA.

1. PLACE OF	p DEATH altimore			Bosistation Diet No. 38	_
/	ity Anneslie			No. St	Ward
Length of resi	dance in city or town where d	eath occurred 45	Oyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and numb. ds. How long in U.S. if of foreign birth?	er)
	ME Margaret ce: No. 500 Anno		oad	St., Ward. If nonresident give city or town and Stat	e
PERSON	AL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D. (write the word) DOW	21. DATE OF DEATH (Month) (Day) , 19	3 (Year)
Sa. H Narried, widow XDV 3B AND 34 (or) WIFE of	James Be	atty		22 I HEREBY CERTIFY, That I ettended dace	ased from
6. DATE OF BIRTH (month, day, and year) NO	v 8th 18	361	I last saw her alive on October 1 1934; de	ath is said
7. AGE Yaa	rs Months	Days 23	If LESS than I day,hrs. ormin.	to have occurred on the date stated abova, at A. T. fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	ite of onset
SAWYER, 9. Industry or I work was SAW MIL 10. Oate daceese	sion, or particular rork done, as SPINNER, BOOKKEEPER, atc business in which done, as SILK MILL, L, BANK, etc dlast workad at pation (month and	spen	me (years) It in this pation	Chon Impoentiti (8 Hypertension, arterioschroses 19 Mirrol varrie insufficiency 19 Cononny Krombosis	908 957 157 258 4830
12. BIRTHPLACE (cit (State or coun	itry)	n,N. J.			30 H 1934L
I3. NAME	Unknow	n		Relumnary orderna (repeated or terminofattacks.	t/#34
14. BIRTHPLACE (State or	(city or town)Unkn	own		Name of operation Date of What test confirmed diagnosis? And But about Market an au'op	ev2 \1.0
15. MAIOEN NAI	ME Unkn	own		23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE	(city or town) Unkn	own		Accident, suicida, or homicide? Date of injury Whare did injury occur?	
17. INFORMANT M (Address) 5	r. James Be	atty Road.		(Specify city or town, county and State) Specify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	Olivet Cem.	Oate Oct	4th ,1934	Manner of injury	
19. UNDERTAKER (Addrass)	The Sich	Patro	6	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED Oct	3 , 1934	m P. C	Registrar.	(Signed) A.S. Chalfaux (Address) 6205 Work Road	M. D.

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V. S. No. 1

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SHEET OF THE STREET			-
	1000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Chrolle Was Therion	AL SPACE FO	R FURTHER STAT	TEMENTS BY PH	IYSICIAN
62 05 Ma	h Rd	1		
	1.			
1				Harris .
1		= 1		
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state infor-

1. PLACE OF DEATH

	(188)			
		Registration	Dist. No3	
	No.		S	t Ward
(If	death occurred in a horpital or institu			et and number)
os.	ds. How long in U.S. if o	f foreign birth?	yrs	mosds.
F	Gerard			
	St., Ward.			
		If nonresiden	t give city or tov	vn and State
	MEDICAL C	ERTIFICAT	E OF DEA	TH
	21. DATE OF DEATH	01	200	
		(Month)	(Day)	, 193 (Year)
				tended deceased from
		, 19.3 4, to V	run huis	, 19
	ax	wolse ap	7, 11	death is said
	to have occurred on the date state		Pm.	
S.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cau	ses of Importanc	e Date of onset
		0	A	Date of office
	ageidulas	1 Draft	= Drug	
	by Mule a	is be al	hid te	Le
	Jour of huis	due 7	o; Acark	Shock
20				
-	Dther Contributory Causes of impo	ortance:		
-6				
1				
	Name of operation		Dat	te of
_	What test confirmed diagnosis?		Wes the	re an au'opsy?
~	23. If death was due to external cau	ises (VIDLENCE)	fill in also the fo	llowing:
2	Accident, suicide, or homicide?		Date of Injury	
	Where did Injury occur?	************		
	Specify whether injury occurred to	(Specify city on INDUSTRY, In H	or town, county a	nd State) LIC PLACE.
_	Manner of injury			
4	Nature of injury			
	24. Wes disease or injury in any w	av related to occur	nation of decease	ed?
2	If so, specify	ay related to occu	parion of necessi	PU 1
	(Signed)	- 14 2	rach	
	(Address)	ckeys	villa 18	
	(111.010.00) ====		- F - F	

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Ggllstones	May 1,1923	Gastroenteritis	1 year

infor-

OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEATH 210 m County Registration Dist. No. Village or City St.. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred

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Other contributory causes of importance:		Other contributory causes of importance:	
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·		-	

PHYSICIANS should state

of OCCUPA-

Exact statement

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09948
1. PLACE OF DEATH	(82·Q)
County 13 alto	Registration Dist. No. 40
Village or City Knigonllo	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Elizabeth Boroce	
(a) Residence: No. / Knigsville	St. Ward.
(Usus place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH
5a If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Heury Bower	22. I HEREBY CERTIFY, That I attended deceased from
1 m 1 a : 1 5 110	(CC) 7/ ,1934, to Class 1/ ,1934
6. DATE OF BIRTH (month, day, and year) UCC 2 /8 72 7. AGE Years Months Days If IESS than	I last saw h; death is said
9 1 A 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: See Address Chart Tole Onto of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Chalace
9. Industry or business in which work was done, as SILK MILL.	The part of the pa
SAW MILL, BANK, etc	,
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town)	Other Cantributary Causes of importance:
(State or country)	
13. NAME hubrower	
13. NAME hubuvur 14. BIRTHPLACE (city or town) Wulkovur	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME VILLE (City or town) h MADAVALLE	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) 1. MADAWY (State or country)	Accident, suicide, or homicide?
4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Knosnili Wol	Specify whether many occurred in Thousant, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL OLIVERY A 1 1 H	Manner of Injury
Place Mountain and Date Oct / 7, 19 3	Nature of injury
19. UNDERTAKER Dand Dangon	24. Was disease or injury In any way related to occupation of deceased?
(Address) Wasses Tallo	If so, specify
20. FILED 19/4 , 1934 Julian My Jammels	(Signed) M. D.
Registrar.	(Address) Care Aville Mu

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	,	0		
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	f in	p	CC	
	m o	houl	0	
	ite	100	Jo	
	rery	ANS	ent	
	E.	ICL	tem	
	RD	IYS	sta	1
	3CO	PH	act	1
	RI	×.	Ex	1
5	INE	LI	d.	
1	IN	CJ	sifie	
7	SM.	XA	clas	
7	PEF	M	ly	ate.
776	V	ted	per	ifice
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THE THE THE TOTAL TOTAL TOTAL	HIS	be	be	Jo
7 A	H	nld	nay	ack
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	ILY	20 0	LIE	por
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	PL	lool)F	ver
	TE	n sl	(H)	18
	VRI	tion	LUS	ON
	1	m	C	TION is very important. See instructions on back of certificate.
	B	1	1)
	Z	3	Name of	1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09949
1. PLACE OF DEATH	93·c)
County Ballo	Registration Dist. No.
Village or City Rustustoum Md	NoSt.,Ward
W	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME le liza Jane Bril	Chart
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female It hate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATED 6th (Dev) 1937
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Dey) (Year) 22. I HEREBY CERTIFY, That I ettended decessed from
the and of Julyan	aug 1 ,1834, to Oct 6 ,184
6. DATE OF BIRTH (month, day, and yeer) Sept 25 1859	I last sew her elive on 10 6 34 ,19 ; death is seld
7. AGE Years Months Days If LESS than 1 day,hr	to heve occurred on the dete steted above, et
/ ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows: Date of oncet
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	myveardita
9. Industry or business in which	- Transity
work wes done, es SILK MILL, Housewife	
10. Date decessed last worked at this occupetion (month end spent in this occupetion occupetion	
D	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	3/
13. NAME Moah Klincheller	- Affer word authorogram
13. NAME Moch Klinifilar 14. BIRTHPLACE (city or town) Penha	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME & lijabeth Miding	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME & lijabeth Midnig 16. BIRTHPLACE (city or town) - Desmany (State or country)	Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT & Alwand & Brithain (Address) Rusterstown Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place A Michael Date (1 7 , 193)	Neture of injury
19. UNDERTAKER & Goldene & Sons	24. Was disease or Injury in any way releted to occupation of deceased?
(Address) Susterstaur Md.	If so, specify
20. FILED Och, 8th 1934 Strikeasy	(Signed) Since St. Majer
Registrar.	(Address) (Assuption) 1009

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W. N. S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OF DEATH

LION

should be

	or-	STATE OF MARYL	AND—CERTIFICATE OF DEATH
-41	infe sta UP.	1. PLACE OF DEATH	(184-0)
MX	of plu	County Dalle	Registration Dist. No
XX	E 20	Village or City	11 100 Berle Der

(186-0)			
	Registration	Dist.	No.

How long in U.S. if of foreign birth? vrs.

(00,00)		,	! /
	Registration Dist	. No.	0
No. 608 Dosle	y aux	St	Wa
(If death occurred in a hospital or institution,	give its NAME inst	tead of street and	number)

Date of onset

ength of residence in city	or town	where	deeth	occurred	d	yrs,	mo
	6.		-	,		0	1

If nonresident give city or town and State

		(Ordai place of about)
PERSON	AL AND STATIS	TICAL PARTICULARS
male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

the And Brooks

6. DATE OF	F BIRTH (month, da	y, end year) ML	w. 16	1851
7. AGE	Years 7 3	Months 7	Days	If LESS than 1 dey,hrs. ormin.
0	da, profession, or p kind of work done SAWYER, BOOKKE ustry or business i work was done, es SAW MILL, BANK.	, as SPINNER, EPER, etc n which SILK MILL.	Fain	uer-

11. Total time (years) spent in this

12. BIRTHPLACE (city or town) (State or country)

5a. If married, widowed, or divorced HUSBAND of

10. Date deceesed lest worked at

this occupetion (month and

(or) WIFE of

FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

21. DATE OF DEATH RTIFY, Thet I attended deceased from

MEDICAL CERTIFICATE OF DEATH

to heve occurred on the date steted above, at 7 30 Pm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance

Wes there an eutopsy? To

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury Trochures	261	Fall.
Nature of injury Debl 154	1934	Fractured
24 Was dispass or injury/n one way related to acc		2000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist No.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN

V. S. No. 1

stat	UPA	
should	of occ	/
mation should be carefully supplied. AGE should be stated EXACTLY.—PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
Y. PH	Exact	
XACTL	classified.	
stated E	properly	certificate
pe	pe	of
plnods	t may	n back
AGE	o that i	tions or
pplied.	erms, s	instruc
y su	ain 1	See
be carefull	EATH in pl	TION is very important. See instructions on back of certificate.
plnou	OF D	very
mation s	CAUSE	TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			49	
County	Baltimore			Registration Dist, No.	38
Village	or City Towson			No. Hester Convalescent Home St.,	Ward
Length o	of residence in city or town wh	ere death occurred	16.	f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL	NAME	Paul	K. Camper		
(a) Res	sidence: No. 130	9 Park A		St., Ward. If nonresident give city or town and	State
PERS	SONAL AND STATE	STICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 30 (Month) (Day)	, 193 4 (Yaar)
5a. If marriad, v HUSBAND (or) WIFE				22. I HEREBY CERTIFY. That I attanded Manch 39 1934, to October 3	deceasad from
6. DATE OF BI	RTH (month, day, and year)	October 18,	1885	1 last saw h im alive on October 29, 1934	e; death is said
7. AGE	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.50 Pm.	
	49 -	12	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
9. Industr wor SAV	profession, or particular d of work done, as SPINNER, VYER, BODKKEEPER, atc	udecker 2	Clesk faceo &. ime (years) nt in this upation	aseno carcunoma Munej	first Known 3/29/3
12. BIRTHPLAC	E (city or town) Balt	imore		Other Contributory Causes of importance:	
		Maryland		Mejastasis to livee	7/20/3
L (Sta	Thomas J. PLACE (city or town)ata or country)	Virginia		Name of operation Brouchoscopic Date of What test confirmed diagnosis? Was there are	autopsy? No
15. MAIDER	N NAME Georg	eanna Davi	3	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
6 16. BIRTHP	LACE (city or town)	altimore		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT		Maryland e M. Cook		Whera did injury occur?	e) ACE.
18. BURIAL, CR	emation, or removal		2	Manner of Injury	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19. UNDERTAKI		Itimore St	1	24. Was diseasa or injury In any way related to occupation of deceased?	
20, FILED PC	# 80 ,1934	Am D	Guller Registrar.	(Signed) Co. Webun Seware.	M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

back

instructions on

See

important.

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IS

TION

OF DEATH

CAUSE

1. PLACE OF

Mt. Wils	on death accurred 0 yrs. 10 mo Chance	No. Tuberculosis Sar If death occurred in a horpital or institution, give its NA	AME instead of street	. Ward
No. 2020 C	(Usual place of abode)	St, Ward. Balt	imore, M	and State
	TICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEAT	H
White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH October	3rd (Day)	, 193 4 • (Year)
or divorced				

County Village or Ci Length of resid 2. FULL NAM (a) Residence PERSON 3 SEX Male 5a. If married, widowe HUSBAND of (or) WIFE of 6. DATE OF BIRTH (7. AGE Months Davs If LESS than to have occurred on the data stated above, at 7.50 Am. 1 day .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION Reporter Pulmonary tuberculosis Sept 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ Newspaper 10. Data deceased last worked at 11. Total time (years) this occupetion (meeth and year) spant in this occupation __ 12. BIRTHPLACE (city or town) Influenza (State or country) Sept. FATHER Frederi ck6Chance 13. NAME County 14. BIRTHPLACE (city or town) (State or country) MOTHER Dacilli Wer external causes (VIOLENCE) 15. MAIDEN NAME Mami Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) Date of injury_______19_ (Stata or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Wilson 18. BURIAL, CREMATION, OR REMOVA Manner of injury Natura of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify (Signad) 20, FILED Registrar. (Address)

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0995	4
1. PLACE OF DEATH	(46)	
County 13 alto	Nanowood hurs Registration Dist. No. 30	
Village or City Catorvelle	No. 717 Edmindon Et St. War	rd
	death occurred in a hospital or institution, give its NAME matead of street and number) ds. How long in U.S. if of foreign birth?	de
2. FULL NAME Charles a Chiple	al la	
(a) Residence: No. Easton Ind	y was	
(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 0 / 12 , 193 4/ (Year)	
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That attended deceased from	om.
(or) WIFE of Mellie 17 CVICIONES	10/5 1934, to 10/12 193	4
6. DATE OF BIRTH (month, day, and yeer) Jan 31 1867	I last saw heart alive on 10/12, 1934 death is sa	aid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
67 /0 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8. Trade, profession, or particular	Carrinona of rection	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K MILL	20	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Working for D.C. (State or country)	Other Contributory Causes of Importance: 2 days	2.
	ajs	
13. NAME Charles a Clipley 14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) (State or country)	Name of operation	1/2
15. MAIDEN NAME / Cate Smith Decan	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Woslington . D.C (State or country)	Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT Mrs hellie R Chifley (Address) Egator (many Cand)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Spring Hill Grange Oct 15, 1934	Nature of Injury	
19. UNDERTAKER John F Denny (Address) 715 Life Cl	24. Was disease or injury in any way related to occupation of deceased? 26	
20. FILED 10/12 ,19. All Ander	(Signed) Languison Willer Win M. (Address) 2030 Mickeys asso.	D.
If more blanks are needed, address titate Registrar.	(Address) - 3 2 Markens Comp.	

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RUPEAU V. S.			
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-	L W
No.	B
. S.	z(T)

1	L PLACE OF DEATH	1		-CERTIFICATE OF DEATH
	County Bal	lemoro,	00	Registration Dist. No.
	Village or City Woo	ollawn		NoSt
				If death occurred in a hospital or institution, give its NAME instead of street and numbers,
	Length of rasidance in city or town w	nara daath occurred	4 yrs 0 mc	now long in 0.3. If of foreign birth?yrsmos
2	2. FULL NAME O	mariles	10.00	caux
	(a) Residence: No. I CA	(Usual piac	e of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STAT	STICAL PART	ICULARS .	MEDICAL CERTIFICATE OF DEATH
3, 3	SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (wite the word)	21. DATE OF DEATH
	Don W	_ 1 .	ried!	(Month) (Day) 193
5a.	If marriad, widowed, or divorcad HUSBAND of	26400	la la	22. I HEREBY CERTIFY, That I attended dece
_	(or) WIFE of Margrell	J' (la	IR.	Oct 7 10 1934 to Oct 8
6.	DATE OF BIRTH (month, day, end year)	felig -	1864	I last saw h seemalive on Oct 7 , 1934; das
	AGE Years Month	s Days	If LESS than	to have occurred on the date stated above, atm.
	70 8	4	l day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done as SPINNER	RI	-1	Vernorthan & of oc
	kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc	· feare	<i>O</i>	Brain f
OCCUPAT	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc			
000	10. Date deceased last worked at this occupation (month and	11. Total	tima (years)	
-	year)		cupation 1	Other Contributory Canaca of importance:
12.	. BIRTHPLACE (city or town)	Rlyn	nuce	atule Sudifflion
2	(State or country)	10/	h	- J
FATHER	13. NAME William	in ta	D'Y M	
FA	14. BIRTHPLACE (city or town) (State or country)	mans)	rou, va	Name of operation Date of
02	15. MAIDEN NAME IT I because	Mo Mi	2021).	What lest confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) 11)	Olinius	Post Pa.	Accident, suicide, or homicide?
M	(State or country)	001	1	Where did injury occur?
17	INFORMANT Margrett	# (la	R	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Addrass) / Engles	road live		
18.	BURIAL, CREMATION, OR REMOVAL	em Date Oc	tm 1000	Manner of injury
	T lace 132 K	a. M	1934	Mature of injury.
19.	UNDERTAKER Owell (Address) 28 929	T 4 syer	I Inc	24. Was disease or injury in any way related to occupation of deceased?
-	(AUU1855) & 1 1 4 C	n	1. The same	If so, specify (Signad) (Signad) (Signad)
20.	FILED 19	10 long	Registrar.	(Address) L. D. Windson Mall

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921 -	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year

V. S. No. 1 ij ż MOTHER FATHER

STATE OF MARYLAND	CERTIFICATE OF DEATH 099	956
1. PLACE OF DEATH	23	
County Delhines	Registration Dist. No. 3	X
Village or City Mr Gron	No. St	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign blrth?yrsmo	sds.
2. FULL NAME (MOS) Logic	el	
(a) Residence: No. (Usual place of abode)	St.,Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIYORCED (write the word)	Oet 7	193
5a. If married, widowed, or divorced	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded d	lecaased from
0 1 0 101	1981 to Oct 7	1934
6. DATE OF BIRTH (month, day, and year) July 1-19/4	I last saw hume alive on Oct 6 - 90m. 1934	; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated above, at	
90 3 Tody,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	f A	Data Or Unadt
SAWYER, BOOKKEEPER, atc.	Julmonary Interculosis	1931
Work was done, as SILK MILL, SAW MILL, BANK, atc		/
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dete deceased last worked at this occupation (month and year) year) occupation		
12. BIRTHPLACE (city or town)	Othar Centributery Causes of importance:	
(State or country)		
13. NAME Cluss & Copiell		
13. NAME OLLAS & Expless 14. BIRTHPLACE (city or town)	Name of oparation Dale of	
(Stata or country)	What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME Ruth Berson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country) Mary Land	Where did injury occur?	
17. INFORMANT Mis Ruth Ceffell (Address) Washered Had	(Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Mr. Sum Data GOV 10, 1934	Natura of injury	
19. UNDERTAKER Schu & Tripation (Address) Hempste all mil	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Oct 8 1934 6.6 Forth M. 10. Registrar.	(Signad) Defril & Lowelle,	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer te Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

ż

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(86-20)
County Ballimare	Registration Dist. No. 38
Village or City Parkwells	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME / Jichard Clarene	& Oolwell
(a) Residence: No. Sarate Cure. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annual Columns	(Month) (Day) (Yéar) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 22 - 1879	, 19, to, 19, 19, 19, 19, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
54 811 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER Cable Shice &	Dr alasse said South
9. Industry or business In which	was Caused fry as 10/17/34
work was done, as SILK MILL, SAW MILL, BANK, etc.	Vossibles Blood flight ung
10. Date deceased last worked at this occupation month and this occupation occupation.	his skull in Fall of
12. BIRTHPLACE (city or town) Baltimars Md	Other Contributory Causes of Importanca:
(State or country)	Lax 3 Dung Confilageld
13. NAME WIN COLWELL	1 Death
4 14. BIRTHPLACE (city or town) NO Noh Buone	Name of operation Data of
(State or country) Boque in May	What test confirmed diagnosis? Was there an au'opsy?_ 720
15. MAIDEN NAME Lucy Lattion	23. If death was dua to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
(State of councy)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT AND AUGUSTA PAR (Address) 6217 Harfa Pa	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parkinson Clin. Date Pat of 1, 19.74	Nature of injury.
19. UNDERTAKER Ledesick Lashing don (Address) 7401 Delin Co	24. Was disease or injury In any way related to occupation of daceased? 262
20. FILED 10/18, 1934 a. M. Bacow. Registrar.	(Signed) Casemandari, Bry and John M. D. (Address) Journal M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

'ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Dr Classe was called after this man Iell in
his hour and when he got there he
0 2210 1 00 100
bronounces WW Toowell head.

12 Notation 112	1 2 of Hours 1360 8 a.M. 19958
STANDARD CERTI	FICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
1. PLACE OF DEATH: Balto County Putz Home for aged	State MARYLAND Registered No. 30 or Village or
	St.,
Residence: No. 4708 Classes Cur (Usual place of abode)	St., Ward. (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CÓLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If worded wildward as discount.	21. DATE OF DEATH (month, day, and year) Reform 25 193 4 22. OI HEREBY CERTIFY, That I attended deceased from 1933 to 25 193 3 4
5a. If marted, wildowed, or divorced HUSBAND of Catherine Dillon	I last saw hair allive on 25, 193 death is said
6, DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or mins. 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.	to have occurred on the date stated above, atm, The principal cause of death and related causes of Importance were as follows: Date of enset
9. Industry or business in which work was done, as silk mill, sawmill, bank, otc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other contributory causes of importances
12. BIRTHPLACE (city or town and State or country): Balto M.	T Chrowne Nefhule wely
13. NAME: James Dillon 14. BIRTHPLACE (city or town and State or country):	Name of operation Date of
Iscland	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME: Wannorah Costallo 16. BIRTHPLACE (city or town and State or country): Trailoud	Accident, suicide, or homicide?, 193 Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place:
17. INFORMANT (name and address): Vinguis Robertson 2708 Classes Co. 18. BURIAL, CREMATION, OR REMOVALI	Manner of injury
Place Cathedral Dato Oct 29 193	Nature of Injury
1) 19. UNDERTAKER (name and address): No Cook 1217 St Paul st Balto Ind.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Company to the state of the state
20. FILED 193 Alfred Registrar.	(Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
To the state of th			
Other contributory cruses of exportance:		Other contributory causes of importance:	
Gallstones OO	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	
		cl	1-3184

	PLACE OF DEATH County Sak Hage or City Harring 2FULL NAME(W	to Pont	MN6.		tion, give its NAME in-
=	PERSONAL AND S	TATISTIC	AL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR O	K KAGE	SINGLE, MARRIED, Wido WIDOWED.Wido OR DIVORCED (Write the word)	wer	16 DATE OF DEATH Ool 183, 19234 (Month) (Day) (Year)
-	DATE OF BIRTH	(Moath)		11854 (Year) LESS than day_hrs.	that I last saw h May alive on Oct 14 , 1923 4 and that death occurred on the date stated above, at
b b v	SO JE yrs. OCCUPATION a) Trade, profession or particular kind of work b) General nature of industries, or establishment which employed or (employed or (state or country)	Farme)	r	min.?	Chronic Myssin Cilio (Duration) 2 yrs mos ds. Contributory Mil
ENTS	11 BIRTHPLACE OF FATHER (State or country)	inknown Pe	oland		(Signed) Grand M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or Country)		oland		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where we disease contracted.
14	(Informant) Mrs. Ma (Address) Lodge Filed Oct / 9th 192	Forres	t North Poi	int Road	Former or usual residence
7	If more b.	anks are ne	edsd, address Lta	te Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state-occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthtired 6 yes). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coul minc, etc. Wom-(b)

spinal meningitis';); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever 'never report "Typhoid Pneumonia") fener (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles;

If this certificate is booked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied.

09960 STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(59)				
1	County Callo.	Registration Dist. No. 33				
/	Village or City Kuskustann MU	NoSt., Ward				
/		death occurred in a hospital or institution, give its NAME instead of street and number)				
	Length of residence in city or town where death occurred					
	2. FULL NAME & da It Ducker					
	(a) Residence: No. 41 Hanover Rd	St., Ward.				
	(Usual place of abode)	If nonresident give city or town and State				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH				
	temole If full Sugle	(Month) (Day) (Year)				
	5a. If married, widowed, or divorced HUSBAND ot	22. I HEREBY CERTIFY, That I ettended deceased from				
	(or) WIFE of	Oct 6, 1934, to Oct 19, 1934				
	F. f. 18 1858	I last saw her alive on Oct (8 , 1934; death is said				
certificate	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days It LESS than	to have occurred on the date stated above, et				
ific	76 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
ert	1 Olescoolillis	were as follows: Data of one at				
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					
	9. Industry or business in which	Know				
back	work was done, as SILK MILL, Jausewefe SAW MILL, BANK, etc.					
no	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this					
	year) occupation					
instructions	12. BIRTHPLACE (city or town) Dallo to	Other Contributory Causes of importance:				
ruc	(State or country)	Cerebil Hemarrhan Carelyes Ouis				
ıstı	E 13. NAME Harry 74 Ducker	and Cardor Jusuppaner				
	1 1 1 1 1 1 1					
See	14. BIRTHPLACE (city or town) Balls Co (State or country)	What test confirmed diagnosis? Steethwarfert Was there an autopsythan				
ن	E 15. MAIDEN NAME Chow Elizabeth Dunies					
important	T	23. If death was due to external causes (VIOLENCE) fill in also the following:				
oor	16. BIRTHPLACE (city or town) Careful to	Accident, sulcide, or homicide?, 19, 19, 19				
imi	Me . O ! M. a!	Where did injury occur? (Specify city or town, county and State)				
	17. INFORMANT TO THE TOTAL TOTAL	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
very	(Address) Kustulou M a					
S	Place tuthera bem. Date Oct 20 1034	Manner of injury				
TION	1500	Nature of Injury				
TI	19. UNDERTAKER If & line & Suns	24. Was disease or injury in eny wey related to occupation of deceased?				
	(Address) (Nustritour Ma	'If so, specify				
	20. FILED QU: 20, 1934 H. (U: Slade	(Signed) M. D.				
	Registrar.	(Address) They we have				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1.	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 m

1/ PLACE OF DEATH	92-20
County Baltime	Registration Dist. No.
Village or City January	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its IVAIVIE, instead or sireet and number) ds. How long in U.S. if of foreign birth?
Ou H Chl	11/2
2. FULL NAME MONTH S. CCRMO	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) UNIVERSE OF DIVORCED (write the word)	21. DATE OF DEATH October 2, 193 4 (Month) (Oay) (Year)
51/ If married, widowed, or divorced HUSBANO of (or) WIFE of Lewis Eckhar	22. I HEREBY CERTIFY. That I attended deceased from 19.33 to Cless 2 19.34
6. DATE OF BIRTH (month, day, and year) May 8 1848.	last aw il a last a las
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
76 4 29 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEFPER, etc.	anterna Schroser
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and spent in this spent in this	avrtie Regungstation 2412
10. Date deceased last worked at this occupation (month and year) spent in this occupation	4
12. BIRTHPLACE (city or town)	Othar Contributory Causes of importance:
(State or country)	-
13. NAME LEMY MUSLEY 14. BIRTHPLACE (city or town)	Name of operation 1000 Qual of
14. BIRTHPLACE (city or town)	Nama of operation Oata of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Data of injury, 19
17. INFORMANT Miss Of all aide Echhar	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL form Oate Get 5, 1934	Manner of injury 11011
19. UNDERTAKER Chenowelf Low.	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) 3615-17 Chestrut ave.	If so, specify
20. FILED 6 2. 3 rd, 1934 William J. Chilcost. Registrar.	(Signed) (303 Benson M. D. (Address) Cressysull MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.

STATE OF MARYLA	ND-C	CERTIFICATE OF DEATH	962
1. PLACE OF DEATH		(40)	
County Baltimore		Registration Dist. No. 30	
Village or City Catonsville.			Wand
Village of City Country Country Country	(If de	NO. St.,	Ward
Length of residence in city or town where death occurredyrs,		ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME TO arrie Matila	la &	kloss	
(a) Residence: No.		St., Ward.	
(Usual place of abode	:)	If nonresident give city or town and State	è
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Jemale 4. COLOR OR RACE OR DIVORCED (write marries)	(IDOWED, the word)	21. DATE OF DEATH (Month) (Day)	3 34 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sustair W. Ekl	of	22. THEREBY CERTIFY, That I attended dece	ased from
100 13 18	2018	11 11 - 20 -11	eth is seld
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If I	LESS than	to have occurred on the date stated above, at	etu iz zeid
5 t	/,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
00111111111	min.	were as follows:	te oi onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	rife.	The season is	
9. Industry or business in which		free of the same of	
work was done, as SILK MILL, SAW MILL, BANK, etc.		La de la companya del companya de la companya del companya de la c	Run
10. Date deceased last worked at this occupation (month end spent in this	irs)		1/2
year) occupation _		Other Contributory Causes of importance:	1-7-×
12. BIRTHPLACE (city or town)	20	Other Community Causes of Importance.	
(State or country) Hallimorf, //	na.	Melmour	
13. NAME William Strou	se		
14. BIRTHPLACE (city or town)	1	Name of operation Dete of	
(Stale or country) Oumberla	nd.	What test confirmed diagnosis? Was there an autop	sv?
15. MAIDEN NAME Matilda Mumm	int	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Matilda Mumm 16. BIRTHPLACE (city of Town) Henrock, (State or country)	2.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Gustav W Eklof		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	11	Manner of Injury	
Place Good Shelber Cemelopate act 61	X, 1934	Nature of injury	
marli a PA		24. Was disease or injury in any way-related to secupation of deceased?	ke
19. UNDERTAKER (Address) (Address) (Address)	a Q	If so, specify	~
201701	-	(Signed) La lleere love	M I
20. FILED, 19	Registrar.	(Address) Will	recently b

Registrar. (Address) hersel Mares State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ä	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		MERCHANNE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 99963
1. PLACE OF DEATH	
County Balls	Registration Dist. No. 33
Village or City Slyndow	NoSt Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Unna Jourse & lim	
(a) Residence: No. Slyndon	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
fined White Married (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Against Lames V. Elimo	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27 1912	I last saw h Ct alive on D / death Is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Muhal insufficiency
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, House of SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property).	
10. Date deceased last worked at this occupation (month and yeer) ccupation ccupation	myocardila
12. BIRTHPLACE (city or town) Balto 6 o (State or country)	Other Contributory Canses of importence:
	Inflammatory therma leave
13. NAME John Bouges 14. BIRTHPLACE (city or town) Ballo Co (State or country)	Name of operation
15. MAIDEN NAME Resse Teal	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Bulk to (State or country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT Junes V. Elmo. (Address) Mindon	Where did injury occur?(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL Place asbury M & Cem Date O 1 4, 1934	Menner of injury
19. UNDERTAKER JEllino & Sons (Address) Kirstistown Md.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Och 3 , 1934 9720 51052 Registrar.	(Signed) Tolking M. D. (Address) Reis king mg (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1 N. B.-

STATE OF M.	ARYLAND-	CERTIFICATI	OF DEATH
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1. PLACE OF DEATH		93:2		
County Baltimore			Registration	Dist. No. 43
Village or City Fullerton	(If de	No. Witch	ave	St., Ward (E instead of street and number)
Langth of residence in city or town whera death occurred	yesmos	ds. How long in U	.S. if of foralgn birth?	yrsmosds.
2. FULL NAME Colla S: Fite	h			
(a) Residence: No. Tritch ave Fra	llerton	St., Ward.	If nonecides	nt give city or town and State
PERSONAL AND STATISTICAL PARTI		MEDICAL CERTIFICATE OF DEATH		
		21. DATE OF DEA		
Female White mars	(write the word)		(Month)	(Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Carlotter Co. Fritch		22. I HER	EBY CERTIF	X. That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Buy 24	1865	I last saw harmalive	on Oct 1V	19 9 4 death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days 2 3	if LESS than	to have occurred on the da		m.
69 4 23	1 dey,hrs.	The PRINCIPAL CAUSE Of wara as follows:	F DEATH and ralated cau	uses of Importenca
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	me	Cow	ray Olis	o when
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		Chuomi	Mt. 10	ted to
this occupetion (month and spar	ime (yaars) nt in this upation	Octeria) delois	Leio
12. BIRTHPLACE (city or town) Balto. Co. (State or couptry) Maps Com	Othar Contributory Causes	of importance:		
13. NAME John Shamm	er			
14. BIRIMPLACE (city or town)				Data of
E 15. MAIDEN NAME UNKnown				Was thara an autopsy?
16. BIRTHPLACE (city or town) Varkerrown		23. If daath wes dua to axtao Accidant, suicide, or homic		fili In also the following: Date of injury, 19
IT. INFORMANT Refer 6. Fritah		Whare did injury occur? (Specify city or town, county and State Specify whether injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLA		
17. INFORMANTO (Address) 18. BURIAL, CREMATION, OR REMOVAL HELD Family Constrained 17. INFORMANTO (Address) 18. BURIAL, CREMATION, OR REMOVAL HELD Family Constrained 17. INFORMANTO (Address) 18. BURIAL, CREMATION, OR REMOVAL	2/4 1934			
19. UNDERTAKER FRIEDBICK Languagen	Tow	24. Was diseese or injuly in		pation of daceased?
20. FILED 10/19 , 1934 D. a. Fra	to M.D.	(Signed)	le eu	MARIA GORA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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B ż 09965

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
County Baltingte	Registration Dist. No.
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsm	os. Ods. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME DOPA Flort	
(a) Residence: No. 572 Calcular (Usual place of abode)	St., Ward. Soulds 2nd If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Takes A	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Zada Floot	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year)	1 last saw h aliva on Oct 28 1934; deeth is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stetad ebove, et 2 45 Pm.
44 3 18 1 dey,hrs	
& Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Janeral Jaralyses
Kind of work done, es SPINNER, Land Sawyer, Bookkeeper, etc. Land Sawyer, etc.	of the Inskine 3 mos
11. Total time (years)	
yeer)	Othar Coutributory Causes of importance;
12. BIRTHPLACE (city or town)	Other Country Cases of Imputance.
(State or country) Titgenea	Cerchal Effusion 1was
13. NAME James Floet	
13. NAME Hames Floet 14. BIRTHPLACE (city or town)	Nama of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Louis & Mc Konney	23. If death was dua to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lada Heet	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Nata Cem. // Balto.	M6
Plece 16 11 14 14 14 1 Dete 1 - 19 34	Manner of Injury
D. L. & B L ! 1	neture of injury
19. UNDERTAKER / WHICH STATES OF STA	24. Was disease or injury in any wey releted to occupetion of deceased?
101-	(Signed) Politic E Garrett M.D.
120 FILED / 7, 10 S - 17/	The state of the s

(Address) Catonarile and Registrar. If more blanks a needed addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 095	106
1. PLACE OF DEATH	(23)	0
County Baltimore	Registration Dist. No.	5
Village or City LUDU WOUD SANATURIUM, 10 WSUN,	MNo. St.,	Ward
1. 11 / 11 / 1 / 1	death occurred in a hospital or institution, give its NAME instead of street and numbe	
2. FULL NAME Mary Rowland Fra	nce	
(a) Residence: No. 6/0/1-1 egh land a	HSt. Ward. Toward	
(Vaual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED ("write the word)	21. DATE OF DEATH	
tewal Mul Marrie (White they word)	(Month) (Day) (193)	Year)
5a. If married, widowed, or divorced HUSBAND of	Α	
(or) WIFE of Edward Trance	22. TIPEREBY CERTIFY. That lattended decease	sad fron
5. DATE OF BIRTH (month, day, and year) March 20, 1901	Hest sew half alive on October 7 1934 deat	th is sel
AGE Years Months Days If LESS than	to have occurred on the data stated above, at P:307 m.	111 12 201
33 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Date	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER AC.	Myscardily Creute Se	plen
kind of work done, as SPINNER, SAWYER, BOOKKEEPER Jic. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased laby worked at this occupation (apartity of this company).	23,	193
10. Data deceesed last worker at this occupation (month and		
this occupation (month that //) and in this year)		
12. BIRTHPLACE (city or town) Ballingin	Other Contributory Causes of importance Therefore 14	726
(State or country) Mary land.	19 werronang 1001 streets 179	20
13. NAME John J. M. Gineter		
13. NAME John J. M. Gruty 14. BIRTHPLACE (city or town) Ballinoin	Name of operation. Date of	
(State or country) mensional.	What test confirmed diegnosis? The Was there an autopsy	· Va
15. MAIDEN NAME Mary Rowland	23. If death was due to external causes (VIOLENCE) fill in also the following:	117-4-2
15. MAIDEN NAME Mary Rowland 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Data of injury1	19
(Otate of County)	Whera did Injury occur?	
Hospital RecordsPersonal History Linformant Ludawood Sanatorium, Towson, Md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Dure Date U. 1. 19.5 4	Nature of injury	
19. UNDERTAKER Gahn & Michay	24. Wes disease or injury In eny way related to occupation of deceased?	, ,
(Address) J 3600 7. Balto A	If so, specify	
20. FILED Det 8 , 1934 Miles	(Signed) Md Quidelt	M. D
Def Registrar.	(Address) TOWSON, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

V. S. No. 1		ARGIN	RESER	/ED	FOR B	JARGIN RESERVED FOR BINDING			
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFADIA	NG INK-	THIS	IS A PI	SRMANENT	RECORD. Ev	ery item of info	÷
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully su	upplied.	AGE shoul	d be	stated I	SXACTLY	. PHYSICH	NS should stat	te
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain	terms, se	that it ma	y be	properly	classified.	Exact statem	ent of OCCUPA	٠
TION is very important. See instructions on back of certificate.	nt. See	instructi	one on hac	k of	rertificat	4		/	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(167)
County Ballo	Registration Dist. No.
Village or City Rockdall	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Hilda Refueca &	4 ithis
(a) Residence: No. Rolling Road	St. Ward.
(a) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH S , 193 44 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Mulvelle Haribur	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Schol. 29. 1903	I last saw hour alive on O. C. 8
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:3.0Pm.
3 / 0 9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
B. Frade, profession, or particular kind of work done, as SPINNER, Stunggrafilm	
SAWYER, BODKKEEPER, etc.	Jun shot wound
kind of work done, as SPINNER, Standard SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, City of the second standard	O (Said
10. Date deceased last worked at this occupation (month and Safeth Sage occupation).	
12. BIRTHPLACE (city or town) The discountry)	Other Contributory Causes of Importance:
13. NAME Chilon W. Scagget	
13. NAME Childry TV. Scagat 14. BIRTHPLACE (city or town) gnd.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harry Cathering Cullivan 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Sured Date of injury 200, 1934
(State or country) Washington De	Where did injury occur? Suat Commonwell (Specify city or town, county and State)
(Address) Woodlayer Wid	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, DR. REMOVAL)	Manner of Injury
Date Date 19 19 19	Neture of injury
19. UNDERTAKER HOURS SELECTION OF THE CONTROL OF TH	24. Was disease or injury in any way related to occupation of deceased? WO
20. FILED 9- , 194 MM. Buffer Registrar.	(Signed) M. D. Coroner
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artèriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

09969

1. PLA	CE OF DE	ATH			(82-ā)	2/
Cou	inty Balt	imore			Registration Dist. No	0
		Rockdale			No. Liberty Road f death occurred in a horpital or institution, give its NAME instead of str ds. How long in U.S. if of foreign birth?	
					Be Marie Succession	
(a)	Residence: No.	Rockdale	(Usual place	of abode)	ad St., Ward. If nonresident give city or to	own and State
PE	ERSONAL A	ND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX		or or race		RIED, WIDOWED, D (write the word) VOC	21. DATE OF DEATH Oct. 16.1934 (Month) (Day)	, 193 (Year)
HUSB	ied, widowed, or di AND of VIFE of	ev. Solon	non Gerr	nan	22. Oct 14 1974, to Color	ttended deceased from
6. DATE OF	F BIRTH (month,	day, end year) Mch	15.18	360		1925; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at Q = C_m.	
	74	7	1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importar were es follows:	Date of onset
8. Tra		e, as SPINNER, EEPER, etc	home di	uties	Ceretral hemorrhage	Od 14
9. Ind	dustry or business work was done, e SAW MILL, BANK	in which s SILK MILL, (, etc			J	
0 10. Da	te deceased last v this eccupation (r year)	nonth end	sps	time (years) ent in this upation		
	PLACE (city or tow	n) Bali	timore	Md.	Other Contributory Causes of importance:	0 - 17
		n Harri	nation		resucus freuensura	10, 16
13. NA 14. BIF		town)		•	Name of operation D What test confirmed diagnosis? Was ti	
₩ 15. MA	AIDEN NAME		D	avis	23. If death was due to external causes (VIOLENCE) fill In elso the	
16. BIR	RTHPLACE (city or (State or country		vid.		Accident, suicide, or homicide? Date of injury Where did injury occur?	·, 19
		dward H.((Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or In PU	
	ce. Harkwo	R REMOVAL Cod Ceme:	temy oc	t (19 4)	Manner of injury	
19. UNDER	TAKER TOMA dduess 190	oo Eutaw	Place	6 Volume Balto Md	24. Was disease or injury in any way related to occupation of dece	ised?
20. FILED	QET-19-	, 1934 m	n. Be	epper-	(Signed) Translation (Address) August and allations	md. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF I	MARYLAN	D-CERTIFIC.	ATE OF	DEATH
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6 4	66	0	4	4 h
0	3	3	1	U

1. PLACE OF DEATH	(2)
County Beltimore	Registration Dist. No. 33
Village or City Blue mount Ind	NoSt., Ward
Length of residance in city or town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
7 0 0	nosds. How long In U. S. if of foreign birth?yrsds
2. FULL NAME Manny Docules	2 ibba
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single	21. DATE OF DEATH QUEL 29: 1934
5a. If married, widowed, or divorcad	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
() A	, 19, to, 19,
6. DATE OF BIRTH (month, day, and yeer) Teb- 18. 1934	I lest saw h alive on, 19; death is sale
7. AGE Years Months Days If LESS than	- The state of the
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Trada, profession, or particuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc	1200 9'9'
SAWYER, BOOKKEEPER, atc	Mulmelrelion
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decessed last worked at this occuration (month and	P. M.
10. Data deceesed last worked at this occupation (month and spent in this	Tremony/course : Tuberculosis cwer R.
this occupation (month and spent in this occupation	Ceruser 10-8-37
12. BIRTHPLACE (city or town) honston (State or country) Bulloca Ind	Other Contributory Causes of importance:
13. NAME Savene bibbs	
13. NAME Activerse Sibbs 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) 13-200 C. ACC	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Winona Boslay	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following;
15. MAIDEN NAME Winona Buslay 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stata or country) Beels C. had.	Whara did injury occur?
17. INFORMANT Mrs. decerence Sibbs	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Placa Welly Chysel. Data Och 31, 193	X Nature of injury
19. UNDERTAKER P. malelin How	24. Wes diseasa or injury In eny wey releted to occupetion of deceased?
(Address) white Haff, Ica	If so, specify 9
20. FILED Oct 30, 1934 Chesles I Seel	(Signed) (Address) Many Read Jane M. D
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	1	Example II	!
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			1
DEC-A-164-104			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 19971		
County Baltimore	Registration Dist. No. 38		
Village or City Towson, Md.	No. Sheppard & Enoch Pratt Hospital Ward If death occurred in a hospital or institution, give its NAME instead of street and number)		
1.	os. 2 ds. How long in U. S. If of foreign birth? 3.6 yrs. mos. ds.		
(a) Residence: No. 1016 North 13 th Street (Usual place of abode)	St., Ward. Burmingham, ala If nonresignt give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**	21. DATE OF DEATH October (Month) (Day) (Year)		
5a. If married, widowed, or divorced trusband or (or) WIFE of Same Oolds to:	22. HEREBY CERTIFY, That I attended deceased from		
M WA	Oct 1978, 1934, to Oct. 21, 1934		
6. DATE OF BIRTH (month, day, end year) 15 / 88 H 7. AGE Years Months Days II LESS than	I lest saw h alive on 19 4, death is said to have occurred on the date stated above, at		
49 11 25 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Househeigher	arteriorclerosis + Hyperterision July ?		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (most) and specific processing the second less than the second less worked at this occupation (most) and specific processing the second less than the second less worked at this occupation (most) and	Uslivial 1 vimos rhage 70-11-54		
10. Date deceased test worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or lown) Pussia	Other Contributory Causes of importance: Onythat Intopication 10-18-34		
(State or country)			
14. BIRTHPLACE (city or town) Russia	22		
4. BIRTHPLACE (city or town) - Cussia (State or country)	Name of operation Mone Date of Date of What test confirmed diagnosis? Was there an aulopsy? 20		
15. MAIDEN NAME Rose Leinsiger	23. If deeth was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT _ Hospital records (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18, BUBIAL, CREMATION, OR REMOVAL Ha	Manner of Injury		
Dete Dete 19.7	Nature of injury		
19. UNDERTAKER AOL SWYSON & BLO (Address) 1/26 W Horth and	24. Was disease or Injury in any way related to occupation of deceased? If so, specify		
20. FILED Oct 21, 1934 Ofm G. Butter	(Signed) Thur B. Pattrell M. D.		
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a womant whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	19972
1. PLACE OF DEATH		1075	111
County () alt	more	Registration Dist. No.	4
Village or City North	onix Olad	No apanese Thore St.	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and	d number)
2. FULL NAME	rillneen	ds. How long In U.S. If of foreign birth?yrs	mosds.
(a) Residence: No. North	(Usual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 27 #	1024
se. If merriad, widowed, or divorced	Married	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Green	1 HEREBY CERTIFY. That I ettende	d daceased from
6. DATE OF BIRTH (month, day, end year)	Poil 24/878	I last saw her alive on Oct 26th 193	; daeth Is sald
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at	, uaem 13 saiu
5% 1-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trade, profassion, or perticular	21 '/	wate as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Yousewope	Vorapo- neumoura	
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Home		
10. Date dacaesed last worked et this occupation (month and	11. Total time (years) all spent in this occupation life		
(8 111	occupation upe	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country),	X Offi	£	
	Tour	Thaustern	
13. NAME Stry	i wsou		
14. BIRTHPLACE (city or town)	-a	Neme of operation Date of.	
15. MAIDEN NAME Mari	10 Surlace	What test confirmed diagnosis? Handanist is Was there er	
13. MAIDEN NAME	10) purlacx	23. If daath was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	(-) (-) (-)	Accident, suicide, or homicide? Date of injury	, 19
17. (NFORMAN OLDS STATE (Addrass) 22 27 27 27 27 27 27 27 27 27 27 27 27	Com Road	Whare did injury occur? (Specify city or town, county and Si Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate) PLACE
18. BURIAL, CREMATION, OR REMOVAL ST		Same of lating	
P.1. 1	La Date Oct 30 1934	Manner of Injury	****
10 HADEDTANED ST. 745 ruse			no
19. UNDERTAKER N. J. TSWILL (Address) 578 W. 103	iddle pot	24. Was disaase or injury In eny way ralated to occupation of daceasad?	
Can a coth will	Aller as	(Signed) J. J. J. J. Jonnico	мр
20. FILED	Registras	(Address) DA an ows our	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Beery item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	r RECOR	Y. PHY	Exact s	
INDING	RMANENT	XACTL	classified.	
FOR B	IS A PE	stated E	properly	certificate
ARGIN RESERVED FOR BINDING	G INK-THIS	GE should be	that it may be	ne on hack of
ARGIN	H UNFADIN	supplied. A	in terms, se	See instruction
•	AINLY, WIT	d be carefully	DEATH in pla	rimnortant
V. S. No. 1	N. B.—WRITE PL.	mation shoul	CAUSE OF	TION is yory important See instructions on back of certificate

1. PLACE OF DEATH	(15.0)
County Salto.	Registration Dist. No. 8 37
	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Eliza July Street of abode) (a) Residence: No. Warren Street (Usual place of abode)	s. ds. How long in U.S. if of foreign birth?yrs mos d St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) War dow	21. DATE OF DEATH (Nonth) 103 (Year)
William Gregory (or) WIFE of William Gregory	22. HEREBY CERTIFY, That I attended deceased from 1934 to 00 13 1934
6. DATE OF BIRTH (month, day, end year) Sept 25 /849 7. AGE Years Months Days If LESS than	I last saw h_@r alive on
85- 18 Iday,hrs.	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ceritourillas alseiss Oct 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	0
12. BIRTHPLACE (city or town) Md. (State or country)	Other Coutributory Causes of Importance:
13. NAME WILL A. Lleveal	arterfo Schrosis.
14. BIRTHPLACE (city or town) And (State or country)	Name of operation Date of What test confirmed diagnosis? Classification
15. MAIDEN NAME Eliga Bowen 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?
17. INFORMANT Ella V. Horvard (Address) Warren Md.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, er In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Low Very Park Date Sept 16, 1934	Manner of injury
19. UNDERTAKER It. C. Brook S. (Address) Sharks and.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Quet 13 17, 1934 William J. Chil cons. Registrar.	(Signed) Hilmer G. Corney Sille And.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perionitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
	4 00 0	Registration Dist. No. 113
Vi	2FULL NAME Harriet R Gr	Mard) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Hewale Bolord Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH OC \$ 29 \times, 1924 (Month) (Day) (Year)
6	DATE OF BIRTH Light & , 1859	17 I HEREBY CERTIFY, That Lattended the deceased from 1924. to 29 4, 1924.
_	(Month) (Day) (Year)	that I last saw h en alive on 1924,
	MGE If LESS than I day hrs. or min.?	and that deeth occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Heonaemity	Mesenteix Humbons
	b) General nature of industry pusiness, or establishment in which employed or (employer)	Contributory atlacy - Sclerois
	10 NAME OF Perry He compton	(Signed) Syrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Balto mod.	*State the liseaso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A.O.	12 MAIDEN NAME OF MOTHER WENOW	10 LINGTH OF RESIDENCE (For Biospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee h?
	(Informant) Mary Life	Former or usual res.dence
47	(Address) 3 Lide and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NO. 19 25
15	Filed 11/1 1934 D. a. Fritz M.D. Registron	Mrs Longe St. Holland 163/Dinisth
	If more hanks are moded added a test a begintuar	13 W Saratora St. Bulto . Lequesting V. S. Iso. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groccit; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Flankr, tion applies to c ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the discense causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise see. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosianal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Diphtheria (preumonia); Diphtheria (preum

(Recommendations on statement of cause of death American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature lctanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY and consequences (e.g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PE	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.
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V. S. No. 1

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	25
1. PLACE OF DEATH	93.0	iU
County Ballimore	Registration Dist. Np. 3-0	
Village or City Caterisielle	ND. Sterring Give Hospital	Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)	
Drs 1- 111 0, .	ds. How long In U.S. if of foreign blrth?	ds.
2. FULL NAME Offartin W. Drugs	by a care	1
(a) Residence: No. Trunce George's Clare (Usual place of abode)	Mard. Unacustra Station, Mc	1
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH) A.A.	
male white OR DIVORCED (write the word)	(leloles 2) 193	1
5a. If married, widowad, or divorced HUSBAND of O	(Month) (Dny) (Ye	eer)
(or) Wife of Single	22. 1 HEREBY CERTIFY, That I ettanded deceesa	d from
0 1. 1041-	1934, 10 CCT 2 1 , 19	34
6. DATE OF BIRTH (month, day, end year) (LUGUST 10 1935) 7. AGE Yaars Months Days If LESS than	I HAD	Is said
19 9 1 ay, hrs.	to have occurred on the data stated above, at 2.2. F.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trede, profession, or perticular	Mata as tollows.	fonset
kind of work dona, as SPINNER Tainter SAWYER, BOOKKEEPER, etc. Tainter		7.
S. Industry or business in which	Motorie herressing Paretin Go	otren
work was dona, as SILK MILL, House Caintie		793
spaintin this // spaintin this // spaintin this		/
year) occupation WHL	Dther Cantributary Causes of importanca:	
12. BIRTHPLACE (city or town) Dunce George of Co.	A	1
(State or country)	leuts myocorditio let	20.
13. NAME : Orban Grigoly	1.9	32/
14. BIRTHPLACE (city or town) - on orry law	Nama of operation Date of Date of	
	What test confirmed diagnosis? Clisa Daypus Wes there en au'opsy?	1.0.
I VIII TO THE STATE OF THE STAT	23. If death was dua to externel causes (VIOLENCE) fill in also tha following:	
(Steta or country)	Accident, suicida, or homicide	
Ones, Don	Whare did injury occur?(Specify city or town, county and State)	
(Address) anacostia States Omd.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place A Safe Date 123 1930	Natura of injury	
100 100 (0)	24. Wes disease or Injury In any way releted to occupation of deceased?	
19. UNDERTAKER (Addrass)	if so, spacify	
marin 10/ May 10/	(Signad) James & Jarey	/ M. D.
20. FILED Registrar.	(Address) Oatmouille md.	200000
If more blanks are needed, address Staty Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.	_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County O Salfmore	CERTIFICATE OF DEATH
00 0	Registration Dist. No. 37
Village or City Chafolomee (No. 3a 2FULL NAME Edward alyas	Unione Co St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale, A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oxfolis 17th, 1854 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mr. 28, 1895 (Month) (Day) (Year)	that the own by all on
7 AGE [If LESS than	and that death occurred on the date stated above, at / to a m.
38 yrs. 10 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or	The second of the second
particular kind of work	ling caught on moving Shaft.
(b) General nature of industry business, or establishment in	
which employed or (employer) Vce V Laut	(Duration)
9 BIRTHPLACE (State or country) Int. Frashington hol	Secondary
10 NAME OF Charles Hall	(Signed) Christian Ly oroner M. D.
O 11 BIRTHPLACE OF FATHER	The state of the s
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Josephine Welch	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of deathyrsmos,ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) 6 mma Hall	Former or usual residence
(Address) Emissima apto Balto	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
File Och 39 1934 1 T. C. Registras	Thomas - E. Kelson Pressman st.
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

HAGTE

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on yrs). Farm laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the Salcsmon, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

st_ted unless important. American Medical Association.) (Recommendations on statement of cause of death tcianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 400			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STANDARD CERTIFICATE 1. PLACE OF DEATH MARYLAND City ___ (If death occurred in a hospital or institution, give its NAME instead of street and number; Hanna FULL NAME -- Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (month, day, and year) mala I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of Margaret to have occurred on the date stated above, at Z--6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: 7. AGE Years Months If LESS than 1 day, Davs Date of onset 66 hrs. or ---- mins. 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc____ 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc_____ 10. Date deceased last worked at this occupation (mouth and year) 11. Total time (years) spent in this occupation ---12. BIRTHPLACE (city or town and State or country): eis/ers lown 13. NAME: 14. BIRTHPLACE (city or town and State or country): What test confirmed diagnosis Was there an autopsy?___ 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAMEL Accident, suicide, or homicide?----- Date of injury-----, 193 16. BIRTHPLACE (city or town and State or country): Where did injury occur? ---(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place: 17. INFORMANT (name and address): Hanna Carnery Manner of Injury-18. BURIAL, CREMATION, OR REMOVAL: Nature of Injury-----24. Was disease or injury in any way related to occupation of decoasod? . 19. UNDERTAKER (name and address If so, specify ... 8-209g cl1-3184

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Other contributory traces of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
1 6 1 1			
·			
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

c11-3184

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesty

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	_
	-

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Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5, 1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Luly 5, 1927 Peritonitis

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Ballenge	Registration Dist. No. 30
Village or City Caloumille	No. Ofil- Home St. Ward
	If death occurred has a horpital or institution, give its NAME instead of street and number) sds
	sds. Ylow heat in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles we Hook	B 01
(a) Residence: No. 7/03 Old Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH
while leddawer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That all attended deceased from
(or) WIFE of Frances her Conrad	1934 to Oct 16 1974
6. DATE OF BIRTH (month, dey, and year) Ward 21- 1863	I last say h alive on Oet 16 193#; death is sale
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
71 6 2 - I day,hrs.	were as follows:
& Trade profession or particular	Date of onest
SAWYER, BDDKKEEPER, etc	Chebral Here out are 2 gr
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0 1
U 10 Date deceased last worked at 11. Total time (years)	
this occupation (month and 17 g, og occupation in this occupation will be occupation occ	
12. BIRTHPLACE (city or town) Baltynere	Other Contributory Causes of importance:
(Stete or country)	arterio Soleioses Mil
13. NAME Was Fact	
14. BIRTHPLACE (city or town) 9 MM	Neme of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an au'opsy? Are
15. MAIDEN NAME albertage Soldeder 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stere of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND SALES (Address) 4163 Old Fred (A	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 19, 1939	Neture of injury
19. UNDERTAKER Harry H helpke (Address) Balla hall	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Och 17, 1934 marshall B byl Registrar.	(Signed) Warfall Byrst M. D (Address) Catour Do Mus
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones	·	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1 ä

item of infor-

STATE OF MARTLAND	CERTIFICATE OF DEATH 03300
1. PLACE OF DEATH	(240)
County Balla.	Registration Dist. No.32
Village or City Pites ville (If Length of residence in city or town where daeth occurred yrs mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1.110 8-	Hara C (1
(a) Residence: No. Sulbrik R hd. (Ususi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (ruring the word) Lite OR DIVORCED (ruring the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Corp. WIFE of Louis a Thoman Arrival	22. HEREBY CERTIFY, Thet I ettanded deceased from 1930, to 6 20 1934
6. DATE OF BIRTH (month, day, and yeer) W. 22, 1879	I last saw h eliva on 6 of 16 ,19 34; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	(al orbito)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Balls . Md . (State or country)	Other Contributory Causes of Importance: Chance My 1932
13. NAME William Poss Howard.	
14. BIRTHPLACE (city or town) Salt. M. (State or country)	Neme of operation Date of What test confirmed diagnosis? O.Z. Was there an autopsy? No
15. MAIDEN NAME Many E. Ringely. 16. BIRTHPLACE (city or town). (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT My W. R. Homel G. (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place So Thomas Com one OW 224 , 1924	Manner of Injury
19. UNDERTAKER HEART AND PARKETERS PARKETERS (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILE Oct 97 , 19 34 1 9 Mar. Registrar.	(Signad) Valse J.C. Williams M. D. (Address) Piker rolle. Ind
76 11 11 11 11 11 11 11	N C 1 C P P

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 119954
1. PLACE OF DEATH	3
County CACO	Registration Dist. No.
Village or City White Call	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsdsds
2. FULL NAME Jane Sechim	The second secon
	04 W 3
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDUWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded dacaased from 19, to
6. DATE OF BIRTH (month, day, and year) /0 -/4-34	I last saw h aliwa on
7. AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
9 Trade application or particular	Tull Brown
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last workad at this occupation (month and spent in this	
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (Stata or country)	Othar Contributory Causes of importanca:
13. NAME Stanting Jackson 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation
	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Many Johns 16. BIRTHPLACE (city or town) Bal D (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Stanley Jachsm (Address)	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
Ptacallacion Chapel, Monta Og 7. 14 , 19 30	Manner of injury
19. UNDERTAKER J. Markling Valle Justice Stall, The	24. Was diseasa or injury in any way ralated to occupation of deceased?
20, FILEO 10/1d/3/19 Trans ABest	(Signed) AND Marsaguen A M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MDDILIONAN	SI NOL FOR FURTHER	DIAIDMENTS BY	LILIBIOIAN

should state of OCCUPA.

PHYSICIANS

See instructions on back of certificate.

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STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEA	TH
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1. PLACE OF DEATH	OI MAIN	ILAND	- Gra	DLATTI	00000
County Baltimore			Par	gistration Dist. No. 32	
	Village or City Sudbrook Park, Pikesville (If Length of residence in city or town where death occurred 5 yrs. 9 mos.			st.,	Ward Ward
2. FULL NAME Emma Will)			
(a) Residence: No. Pikes vi	(Usuai place	of abode)	St., Ward.	nonresident give city or town ar	nd State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIF	FICATE OF DEATH	***************************************
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marrie	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October (Mont	21 (Day)	, 193.4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Jaco	b		22. I HEREBY CE Sept. 26 , 19 34	RTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	Dec. 29, 1	882	l last saw h.er alive on Oct	. 20 , 19 3	4.; death is said
7. AGE Years Months 51 9	Deys 21	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove. The PRINCIPAL CAUSE OF DEATH and rewere as follows:		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife		Cerebral hemorrha	ge	9/26/34
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation			Other Coutributory Causes of importence:		~~
(State or country) Marylan	12. BIRTHPLACE (city or town) Salisbury (State or country) Maryland			***************************************	?
13. NAME					
13. NAME 14. BIRTHPLACE (city or town) Alonz (State or country) Delawa	re	ams	Name of operation None What test confirmed diagnosis? Clin	ical Was there en	3.7
15. MAIDEN NAME Charlotte	Evans		23. If death was due to external causes (VIO	LENCE) fill in elso the following	ng:
15. MAIDEN NAME Charlotte Evans 16. BIRTHPLACE (city or town) Nanticoke (State or country) Maryland			Accident, suicide, or homicide? Where did injury occur?(Spec	cify city or town, county and St.	ate)
17. INFORMANT John Fa Tacob, A Cadress) Sudrock Park			Specify whether injury occurred in INDÚS	TRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, OREMATION, OR REMOVAL Place Pl	Coate Och	24,134	Manner of injury		
19 UNDERVAKER WIIIIam Tickher & Son (Address) Penna. & North Ave., Baltimore			24. Was disease or Injury in any way relate		lo
20. FILED	11001	Registrar.	(Signed) Pikesvill	le, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

0993G

1. PLACE OF DEATH	94-70
County Daltamor	Registration Dist. No. 30
	No. St. Ward Control Control
2. FULL NAME Louis Gasas	
(a) Residence: No. 1928 E 36 (Usual place of abode)	St., Ward. Pal Femore If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVDRCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH OCA. 24, 193 4. (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That I attended deceased from 22, 1934, 10 Och 24, 1934; death is said to have occurred on the date stated above, at 30 Am. The PRINCIPAL CAUSE DF DEATH and related causas of Importance were as follows: Data of onset
SAWYER, BODKKEEPER, etc. Clark Grant	Office Myo Cardetus 4mo
(State or country) 13. NAME Julia Jacob 14. BIRTHPLACE (city or town) (State or country) Quantity	Name of operation. What test confirmed diagnosis? Orthogona Sclestotes By elstes 4 4 Name of operation. Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) (Address) (Address)	23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMDVAL Place Date 101 19 19	Mannar of Injury
19. UNDERTAKER Address) 20. FILED 4, 1934 Address Registrar.	24. Was disease or injury in any way related to occupation of daceasad? Ho. If so, spacify (Signed) (Address) (Address)

If more blanks gro madel, gleson Stige Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROPES!			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION in mountaint Con instanctions on Last of contification
V. S. No. 1	B.	1	7	-
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V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF I		OF MAR	RYLAND—	CERTIFICATE OF DEATH 0998
	ltimore			(95°-E)
County	Raspeburg			
			5 (ii	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Tananh 1		yrsmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME				
(a) Residence:	No. Point Pl		ve of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			ED (write the word)	21. DATE OF DEATH October 31, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Jakum				22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 32 to Oct. 31, 19 3.
6. DATE OF BIRTH (mon	th day and year) Fe	b. 18, 1	875	I last saw h im alive on Oct. 31, 1934 death is sa
7. AGE Years	Months 8	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 8 30 a : m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular				were as follows: Cardio-vascular disease Date of one- 1932
kind of work SAWYER, BO SAWYER, BO SAW MILL, B SAW MILL, B SAW MILL, B L	ness in which ne, as SILK MILL, ANK, etc			
10. Date deceased last worked al this occupation (month and year)			lime (years) ent in this cupation	
12. BIRTHPLACE (city or town) Hungary (State or country)				Other Coutributory Causes of Importance:
13. NAME J	loseph Jakun	1		
13. NAME J		ia		Neme of operation Date of Was there an autopsy? No
15. MAIDEN NAME	Unknown			23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou	, , ,	own		Accident, suicide, or homicide?
17. INFORMANT Mrs. Marie Jakum (Address) Point Pleasant Ave., Raspeburg, Md				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLACE FLY Redeemer Ender Jov. 3 14, 1934			3 2d 1934	Manner of injury
19. UNDERTAKEN Gelain Vono (Address) 740/ Relain Boat			Jono	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/11, 1934 D. a. Fritz M. D. Registrar.				(Signed) (Address) 5713 Belair Rd. Wi Ringourg, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	Attack of epilepsy	1 angal ago
		1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
	5,1927	Other contributory causes of importance:

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of coilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago PEDE-16 HAVE Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

OCCUPA 1 PLACE OF DEATH County__ Registered No. Township (If death occurred in a hospital or institution, give its NAME instead of street and number) RECORD. (a) Residence. No. (Usual place of abode)
Length of residence in city or town where death occurred (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3 SEX 16 DATE OF DEATH (month, day, and year) CT I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw h----- alive on -----6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at . Q. 7 AGE Months Days If LESS than The CAUSE OF DEATH* was as follows: 1 day .--- hrs. or ---- min. back 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of workthat instructions (duration) ---- vrs. --- mos. --- ds (b) General nature of industry, business, or establishment in which omployed (or employer) CONTRIBUTORY (c) Name of employer (BECONDARY) (duration) ---- vrs. ---- mos. ---- ds 18 Where was disease contracted 9 BIRTHPLACE (city or town) if not at place of death? (State or country) Did an operation precede death? ---- Date of -----10 NAME OF FATHER Was there an autopsy? -----11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? PARENTS DEAT (State or country) 12 MAIDEN NAME OF MOTHER (Address) OF * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 13 BIRTHPLACE OF MOTHER (city or town) Brookville WRITE CAUSE mation NOIL (State or country) 14 19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Informant. (Address) 20 UNDERTAKER **ADDRESS** REGISTRAR 11-3184

SERVED

STANDARD CERTIFICATE OF

DEPARTMENT OF COMMERCE

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH [Approved by U.S. Census and American Public Health Association]

statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) 'Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be indithe disease causing deate, state occupation at beginning occupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the school or At home. Care should be taken to report spe-cifically the occupations of persons engaged in domestic or At home, and children, not gainfully employed, as Al definite salary), may be entered as Housewife, Housework, Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., and therefore an additional line is provided for the latter work and also (b) the nature of the business or industry, caployments, it is necessary to know (a) the kind of iter, Architect, Locomotive engineer, Civil engineer, Stationary occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composeach and every person, irrespective of age. tion is very important, so that the relative healthfulness of fireman, etc. various pursuits can be known. Statement of occupation.—Precise statement of occupa-But in many cases, especially in industrial without more precise specification, as The question applies to For persons who For many

> cause of death approved by Committee on Nomenclature nature of the injury, as fracture of skull, and consequences Struck by railway train—accident; Revolver wound of headto determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible which surgical operation was undertaken. cemia," "PUERPERAL peritonitis," etc. State cause for ing from childbirth or miscarriage, as "Pumpenan septi-"Dehlity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," atic), "Airophy," "Collapse," "Coma," "Convulsions," "Contributory." (Recommendations on statement of Tomicide; Poisoned by carbolic acid-probably suicide. DEATHS State MEANS OF INJURY and qualify 29 ACCIDENTAL, tained as the cause. Always qualify all diseases result-"Weakness," etc., when a definite disease can be ascerof the American Medical Association.) (e. g., sepsis, tetanus) may be stated under the head of FOR VIOLENT

Norm—Individual offices may add to above list of undestable terms and relies to accept certificates containing them. Thus the form in use in leve York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convultions, temorrhage, gangene, gestritis, erysipolas, meningitis, miscartage, nacrosis, peritonitis, phebtis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-3184

1. PLACE OF DEATH	(31)
County Baltimae	Registration Dist. No.
Village or City. Dun Walk	No. 2 Voil Slight Square St., Ward (If death occurred in a hypital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME IMary Eva Jones	
(a) Residence: No. 2 Vorkship (Idanar	
(Urual place of mode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	D. 21. DATE OF DEATH
temale White Widow	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(OF) WHEE OF Daniel F Jones	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) How 8 1859	I last saw h. & alive on Clex 24 7 1934; deeth is said
7. AGE Yeers Months Days If LESS th	1/30
74 11 13 Idey,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were es follows: Columnia Mchlordia Muy 36
8. Trade, profession, or particular kind of work done, as SPINNER Housework of SAWYER, BOOKKEEPER, etc. Housework	The state of the s
9. Industry or business In which	
SAW MILL, BANK, etc	
U 10. Date decassad last worked at this occupation (month and year) cocupation	
Hert 1	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Muemie Come
	(0-20-
14. BIRTHPLACE (city or town).	Name of operation
	Whet test confirmed diagnosis? Was there an au'opsy?
	23-33 If death was due to externel ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
11 6 7 1 1 6	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Jerbuide & Olass	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Parkwood Date Oct 27, 10	4- Natura of injury
1 State Deserve	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER THAT TO CAMPAGE ST.	If so, specify
on Furn 18/2 Class and 1	(Signed) Frunk & Eldred M.D.
20. FILED / 0 / 1 29 / V / 1/0 1	9 (Address) Shuming Presite

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
0.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 01 BEATH 09991
County 7 Hallmore	Registration Dist. No. 32
Village or City Int Wilson	No suberculous Sanatarium St., Ward
(If Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Faul lo. Joness	, and a second s
(a) Residence: No. 14 & 2104 St.	St. Ward Baltimore Med.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Chopper (Month) (Day) (Year)
5a. If merried, widowed er divorced HUSBAND of	
(or) WIFE of Comma O. Jones.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Oct. 6. 1883	I last saw h.m. alive on October 28 1934: death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 6.57.P.m.
51 0 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular	Date of onest
kind of work done, as SPINNER, Jardener SAWYER, BOOKKEEPER, etc	Pulmonary Superculosis Jan.
9. Industry or business in which work was done, es SILK MILL, ON BALATE	91937
10. Date deceased lest worked at this occupation (month and year)	
Muchiba	Other Coutributery Causes of Importence:
12. BIRTHPLACE (city or town) - MANAGARAM (State or country)	Tadia Musas Sitial
13. NAME John W. Joness.	OF THE MAJORICA CALLED AND MAKENOWS
14. BIRTHPLACE (city or town) Dunkirk	Name of operation 100 operation Date of
(State or country) Maryland.	Whet jest confirmed diegnosis? XVOY, 2Md. Was there an au'opsy? MO
15. MAIDEN NAME SUSAN Chancy.	23. If deeth was due to external causes (VID) ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Dunkirk	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland.	Where did Injury occur?
17. INFORMAN Sours H. Schuerholz. (Address) Mt Wilson, Wild.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CRENATION, OR REMOVAL Place DINGSMA MI Date OSS 29 1934	Manner of injury
19. UNDERTAKER Stewart Momen Co.	24. Wes disease or injury in any way related to occupation of deceased? 200,
(Address) 108 wn my gue, Balto.	If so, specify
20. FILED PG 1934 GOOMBE Registrar.	(Signed) Hour Charles M. D. M. D. M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH (19993)
1. PLACE OF DEATH	
County Balto	Registration Dist. No.
Village or City Lans clause	NoSt.,Ward
(II) Length of residence In city or town where deeth occurred. 30 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Henry Kessler	
(a) Residence: No. Holling Rocky Rd (Usual place of abde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. Married, widowed, or divorced HUSBAND of (or) WHEE of Mary & Kessler	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) Oct 15 1870	I lest sew h mi alive on Oct 72 1934 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. P. m.
64 - 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
O Trade profession or postimilar	Date of onset
SAWYER, BOOKKEEPER, etc. I wromen	
9. Industry or business in which work was dona, as SILK MILL,	Cardio vascular runal dreams syn+
Note: The control of perturbation of the control of	E hypodenim
yaar) occupation occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Baltimare	Benefice harmontage - 2400 -
(State or country) maryland	Nego eart il degeneration
13. NAME George Ressler 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of County) Jumany	What test confirmed diagnosis? Was there an au'opsy? PV
15. MAIDEN NAME Tophia minick 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Transce Ressler	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place Cedar Hill Dete Oct 26, 1934	Nature of injury
19. UNDERTAKER John + Denny (Addiess) 715 Light St	24. Wes disease or injury in any way related to occupation of deceased? NO
20. FILED Cost Q. 4., 19. 3. 4. Simble flex Registrar.	(Signed) TEderi' V. Leitler M.D. (Address) Ceang Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

of

See instructions on back

is very important.

TION

Plece.

(Address)

1003

West

Balto St

19. UNDERTAKER

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	STATE OF MARYLAND	CERTIFICATE OF DEATH	9994
1	. PLACE OF DEATH	(A7)	1001
	County Baltimore County	Registration Dist. No. 43	
	Village or City Overlea	No. St	Ward
	(If Length of residence in city or town where death occurred 50 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where death occurredyrs,mos. P. FULL NAME Upton R. Knight	as. How long in U.S. If of foreign birth?yfsn	10\$d\$.
	(a) Residence: No. 3 Chestnut Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
a.trods	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise the word) Widowed	21. DATE OF DEATH October 20 1934 (Month) (Dey)	, 193
5a.	If married, widowed, or divorced HUSBAND of Sarah A. Knight (or) WIFE of	22. HEREBY CERTIFY, That I ettended	deceased from
6.	DATE OF BIRTH (month, dev. and year) December 28 1843	I last saw h J 244 alive on C C 25 9 P. m., 19 34	; death is seid
-	AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, atm.	
	90 9 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	18.4
z	8. Trade, profession, or particuler	Estral Ustareo	Date of onset
10	SAWYER, BOOKKEEPER, etc.	Scienosis	Time -
OCCUPATION	9. Indústry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		Known
000	10. Date deceased lest worked at this occupation (month and spent in this year)		
12	BIRTHPLACE (city or town) Maryland	Other Contributory Canses of importance:	
2	(Stete or country) 13. NAME Unknown		
FATHER	14, BIRTHPLACE (city or town) Unknown	Neme of operation Dete of	
-	(State or country) Unknown	Whet test confirmed diegnosis? Cll & L & F Was there en	eutopsy? N.P.
HE	15. MAIDEN NAME Unknown	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following	ig:
MOTHER	16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide?	, 19
17	INFORMANT Miss Nettie M. Knight	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
10	(Address) 3 Chestnut Ave. Overlea. BURIAL, CREMATION, OR REMOVAL		
18	Place Loudon Park Date Oct. 22 19 34	Menner of Injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Neture of injury

If so, specify

(Signed)...

(Address)

Greenmount

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\\u2\\	
Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Oate of onset

(Oay)

Oate of Injury

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MARYLAND-	-CERTIFICATE OF DEATH 19936
County Ballining	Registration Dist. No.
Village or City I aliefage	No. 3.9 Seeme St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds
1 1	- ds with the state of the stat
(a) Residence: No. 319 Seeman Fre	* * * * * * * * * * * * * * * * * * *
(Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Neurrack	21. DATE OF DEATH October 181 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of The Adeline La Course	22. I HEREBY CERTIFY. That I attended deceased from July 1923, to Oct 187 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS then 1 day,hrs. ormin.	I last saw h. hr. alive on Sept 76 7, 19 311; daeth is seid to have occurred on the date stated above, at 7075 m.
8. Trade, profassion, or perticular kind of work done, as SPINNER, Glass chemist SAWYER, BOOKKEEPER, etc	avrtie aneuryon 7
SAW MILL, BANK, atc 10. Data daceasad last worked at this occupation (month and 7 weeks of spent in this year) 12. BIRTHPLACE (city or town) (Stete or country) Say - Outure Con ada.	4
13. NAME Stathony La Course 14. BIRTHPLACE (city or town) Besther (State or country) Course.	Name of operation Oata of
15. MAIDEN NAME Mary Darmer .	What test confirmed diagnosis?
5 16. BIRTHPLACE (city or town) Causal (Stete or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT Mrs N. La Gura . (Address) 319 Selica the Habittery. 18. BURIAL, GREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place 1 Place 1 No Date Cal - 3 - , 19 37	Menner of injury
19. UNDERTAKER J. B. Orippeal & Son (Addrass) 1300 Gulaur Place	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 20 1930 Springs	(Signed) TEdera" & Venter M. D. (Address) Leag New
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

FOR BINDING

1. PLACE OF DEATH	F MARYLAND-	CERTIFICATE OF DEATH
/ County	lanee	No. St., f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Col.	George Mason Le	sds. How long in U.S. if of foreIgn birth?yrsmos ⊖ ⊖ St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH October 15th (Month) (Dey) (Ye
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Kathro E		22. I HEREBY CERTIFY. Thet I attended decease
7. AGE Years Months	Days If LESS than 1 day,	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	officer 11. Total time (years) spant in this occupation	Coronary Occhanion
(State or country)	ood, Va.	Dther Coutributory Causes of Importance:
(State or country)	Lywood, Va.	Name of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	lywood, Va. B. Lee	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. UNDERTAKEN MALL Value (Address) Notes 40	Date Och 24 1934 ver & Sons engagene	Menner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis OCI 24 1334	3 days ago
		MUNNAU V.B.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN	r	
		· D	2 logse	Pa	besnile	25

AINLY, WITH UNFADING INA-THIS IS A FERMANENT RECORD, EVER	d be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	DEATH in plain terms, so that it may be properly classified. Exact statement	,
THE THE	TLY. P	fied. Exac	
TENMA	d EXAC	erly classi	cate.
AL OLD CALL	be state	be prope	of certifi
THEFT	E should	it it may	on back
	lied. AG	ms, so the	structions
	ully suppl	plain ter	t. See in
	be caref	EATH in	important. See instructions on back of certificate.

OF

CAUSE LION

WRITE

OCCUPA.

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist No. death occurred in a hospital or institution, give its NAME instead of street and number) 29 ds. Length of residence in city or town where death How long In U.S. if of foreign birth? ______vrs. ______ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months/ Oavs If LESS than to have occurred on the date stated above, at 1 day hre The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8 Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (ponth and 11. Total tima (years) spent in this occupation 2.0 12. BIRTHPLACE (city or town (State or country) FATHER 13 NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?. Date of injury 19 (State or country) Where did Injury occur?_ --Personal Records History (Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE Towson. Sanatorium. 18. BURIAL, CREMATION, OR REMOVA Manner of injur Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of daceased? (Address) If so, specify 20. FILED LA Towson Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
no of	91:6
County Dallmore	Registration Dist. No.
Village or City Catousville - Ce puts	formare Colemondare & humany Kansak
Length of residence in city or town where death occurred 14 yrsmos.	
2. FULL NAME VOLY /NAESCH.	1114 n. Fremont dt.
(a) Residence: No Clescorsologic Y Musice (Usual place of abode)	esty dawns. Baltimore Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED write the word	21. DATE OF DEATH (Month) (Day) 193 (Pear)
5a. If merried, widowed, or divorced HUSBAND of	
(on the of Juagaret Juagaret	1 HEREBY CERTIFY, That I attended deceased from
11 1 18/12	(Dal)
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Oeys If LESS than	l last saw h
7. AGE 16413 Months Geys 17 Less than 1 day,	to have occurred on the date stated above, at
ormin.	were as follows: Date prionses
STradé, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	aback
SAWYER, BOOKKEEPER, etc.	My occiolles 142
work was done, as SILK MILL, Shee Make	A
ID. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Jalleine	A
(State or country) Meany land	Ollero Soleroses Ulb
13. NAME Rober Maesah	
14. BIRTHPLACE (city or town) Lecuceauce	Name of operation Deta of
(State or country)	What test confirmed diagnosis?Clurical Was there an autopsy? Aut.
15. MAIDEN NAME Culsusever	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Mercura	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT hw. Lewis heepers (Address) 2 & Lexing low SK.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Treaine Date Out 11- 19 34	Nature of injury
19. UNDERTAKER T. B. Sheppent & Done	24. Was disease or injury in any way related to occupation of daceased?
(Address) 1900 Eulaw Place	If so, specify
20. FILED 9ct 10, 1934 Washall 15 West Registrar.	(Signed) Walshall IS was M. D. (Address) Calmanello Quel
Aegistrar.	(NOUTESS)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10.002
1. PLACE OF DEATH	<u> </u>
county (Mel mior).	Registration Dist. No.
Village or City Offan ows own	No. 6/5 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.Amo	//
2. FULL NAME Stell Vory infa	Major)
(a) Residence: No. 6/5	St., Ward
(Uyas) place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Cal BIVORCED ("write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month day and year) Oen 14334	Llast saw h alive on 19 deeth is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS than	I last saw h alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trede, profession, or perticuler	were as follows: Oate of onset
No. Fleds, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	
9. Industry or business in which	Thet tom infant
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased last worked at this occupation (month end spent in this	6.700
year) occupation	
12. BIRTHPLACE (city or town) Manual and	Other Contributory Causes of importance:
(State or country) 700 K	
II 13. NAME Doloman Major	
13. NAME Volonian Major	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME J'Sorgue J'aulkner	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) 7	Accident, suicide, or homicide?
State of country)	Where did injury occur?
Home Main	(Specify city or town, county and State)
17. INFORMANT ASSULT CAPTAIN (Address) Dawers Poss	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pillet to Johns to prins 19	Neture of injury
19. UNDERTAKER Austonical Laboratory	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILEO DEN 15 134 MATOSIONE COLIN	Signed I The Manual Control M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.
a, more vianas are necueu, adaress State Registrar,	2411 IV. Charles Street, Daitimore, Kequesting V. S. No. 1.

V. S. No. 1

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MIREAU V. S.	- W		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

		5	TAIL) MAR	YLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH					
CountyBaltimere Co. Md.						Registration Dist. No.
	Village or C	ity C	atonsvill	e Md.		No. South Rolling Rd. St., Ward
	Leasth of sect	danas ta s	***	4 44		f death occurred in a hospital or iostitution, give its NAME instead of street and number)
		- 1	Mary Cath			sds. How long in U.S. if of foreign birth?yrsmosds.
1	2. FULL NAI	ME				
	(a) Residen	ce: No	Hilton F	(Usual place	olling Rd.	St., Ward. If conresident give city or town and State
	PERSON	AL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX	4. COLO	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH
	emale	1	White	Widow		October 13, 1934 (Day) (Year)
5a	. If married, widow HUSBANO of	ed, or div	orced			
	(or) WIFE of		Richard	L. Mansf	ield	22. 1 HEREBY CERTIFY. That I attended deceased from
e	DATE OF BIRTH (month de	Ma	v 10. 18	52	I last saw h. exalive on Oct 13 19 14; death is seid
	AGE Year		Months	Devs	If LESS than	to have occurred on the date stated above, at 9pm.
	82)	5	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profes		1	1 0	ormin.	were as follows:
OCCUPATION	kind of w	ork done	, as SPINNER, EPER, etc	None		Consulations (1) 3/3
AT	9. Industry or I	business i	n which			Carlin Setate d'un
COL			SILK MILL, etc			Commence wearings
Ö	10. Date decease	ed last wo	rked at	11. Total	time (years) entin this	
	year)			occ	upation	Other Coutributory Causes of importance:
12	. BIRTHPLACE (cit			re Co.	Md.	arterio-selesoris Jeneral?
	(State or coun		Md.			Hypertension
FATHER	13. NAME	Ste	phan Grif		0	Chronic Untersteal Hoperty?
AT	14. BIRTHPLACE	(city or t	nwn)	more Co.	Md.	Name of operation.
-	(State or	country)		Md		What test confirmed diagnosis? ***********************************
HER	15. MAIOEN NAM	ME	Ruth A.			23. If death was due to external causes (VIOLENCE) fill also the following:
MOTHER	16. BIRTHPLACE	(city or t	nwn)	more Co.		Accident, suicide, or homicide? Date of Injury, 19
Σ	(State or	country)	141	d.		Where did injury occur?
17.	INFORMANT	Ruth	T. Wilson	1		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address)		atonsvill	e Md.		
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Cem. Date Oct. 16 1934			Oct	16 34	Manner of Injury	
	Place_W_U.	//	e cem.	Date OCO	1904	Nature of Injury
19	. UNDERTAKER	40	2/3/	OUK		24. Was disease or injury In any way related to occupation of deceased?
	(Address)	/100	3 . Bal	tigore/or	t	If so, specify
20.	FILEO	15	196/1/	Surce	luar	(Signed) Dancer / Claycom. B.
	1		54	200	Registrar.	(Address) Frederick Ave. Octonsvill
			If more	blanks are needed,	Addrew State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		BECEINED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

On

infor-

item

OCCI plnods

Registrar.

(Signed)

(Address) December Ristrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. (Year)

Date of enset

mation

TION

20, FILED TO

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BOREAU V. E		**	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND—CERTIFICATE OF DE	ATH	10003
E DEATH				

1. PLACE OF DEATH	52
County Baltimore	Registration Dist. No. 3 2
Village or City Mt. Wilson	Mt. Wilson Branch Md. NoTuberculosis Sanatorium St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredQ_yrs6mos	s2 ds. How long in U.S. if of foreign birth?
2. FULL NAME William McLaughlin	
(a) Residence: No. 3716 Claremont Ave. (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October 25th ,193 4.
5a. If married, widowed, or divorced	(1001)
(or) WIFE of Sarah J. McLaughlin	Pebruary 8th 1932 to Oct. 25th, 19 34
6. DATE OF BIRTH (month, day, and year) May 10th, 1866	I last saw h im alive on October 25th, 19 34; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at _200Pm.
68 5 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Reference of the street of the	Gate of onset
SAWYER, BDDKKEEPER, etc. 18 DOTET	Pulmonary tuberculosis Aug.
9. Industry or business in which work was done, as SILK MILL, Co. SAW MILL, BANK, etc.	1930
kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Co. SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (months and year) 11. Total time (years) Un- spant in this occupation known	
12. BIRTHPLACE (city or town) Unknown (State or country) Ireland	Other Contributary Causes of importance:
	None
13. NAME James McLaughlin 14. BIRTHPLACE (city or town) Unknown (State or country) Treland	Name of operation No operation Date of
	What test confirmed diagnosis? X-ray, and was there an au'opsy? No
I II I I I I I I I I I I I I I I I I I	23. Treath was due to a contract ses (VINE RCE) fill following sputum
O 16. BIRTHPLACE (city or town) Unknown (State or country) Ireland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Jours A. Schuerholy (Address) Mt. Wilson Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL Compate Oct 29, 1934	Manner of injury
19. UNDERTAKER Frank Della Nove	24. Was disease or injury in any way related to occupation of deceared? NO
20. FILED Web 15 , 1934 NOOMER Registrat.	(Signed) Otu (. Suuth M. D. (Addess) Mt. Wilson, Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

BINDING

FOR

ARGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

10005

1. PLA	CE OF DEATH			159		
Cour	ty Baltimor	e			Registration Dist. No	XX
	ge or City <i>Buddle</i>	e Rwer	(1)	No. death occurred in a hospital or institution,	give its NAME instead of st	St., Ward
Lengt	th of residence in city of lown when	re death occurred	yrs,mos	ds. How long in U.S. if ol lore	eign miting	
2. FUL	L NAME Mary	mesen	ger			
(a) l	Residence: No. Zouful	(Usual place	of abode)	St., Ward.	If nonresident give city or t	own and State
PE	RSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CER	TIFICATE OF DE	ATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (cerite tha word)	21. DATE OF DEATH	Teleber 26 Anoth) (Day)	th 193.3 K
5a. if marria	d, widowad, or divorced	0	n Malandan i a			
(or) WI					ERTIFY, That I	
6. DATE OF	BIRTH (month, day, and year)	6ct -2	6-1934	i last saw h aliva on		19 ; daath is said
7. AGE	Yaars Months	Days	if LESS than I day, 5 2 hrs. ormie.	to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH ar were as follows:		
8. Trad	la, profassion, or particular					Date of onset
0	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc					
9 Indu	ustry or businass in which work was dona, as SiLK MILL, SAW MILL, BANK, atc,			Tremature	Birth	
- 1	a deceasad last worked at this occupation (month and year)	sp:	time (years) ent in this cupation			
	LACE (city or town) Be	to to	•	Othar Contributory Causes of importan		
œ 13. NAN	1.101	messeng	ier	-		
HALE 14. BIRT	THPLACE (city or town) 19	alto Els	,	Name of operation		
L 14. DIK	(Stata or country)	rud.		What test confirmed diagnosis?		
15. MAI 16. BIR	DEN NAME Thlema In	varie He	elldorfer	23. Il death was due to axternal causes		
0 16. BIRT	THPLACE (city or town)	salto te	0	Accident, suicide, or homicide?	Data el Injur	y, 15
~	(State or country)	no	``	Where did injury occur?	(Specify city or town, county	y and State)
17. INFORMA	ANT Sos. Inica	River	Znel.	Specify whether injury occurred in IN		
18. BURIAL,	CREMATION OR REMOVAL	6	0	Mannar ol injury		
a Piaca	Tarlowed ten	w Data Oct	-27,19.34	Natura of injury		
19. UNDERT		Come	lly	24. Was diseasa or injury in any way r	aiated to occupation el dece	ased?
20, FILED.	100x - 27, 1934	Thu b to	Emmelle	(Signad) Jacolo Da	Uman Co	roner M.D
			Registrer.	(Nodress) Ileman	ners vun	md

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10006
1. PLACE OF DEATH	(3)
County Salumore O.	Registration Dist. No.
	No. 500 VMANMA (WC St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laura Jane Mille	1 11
(a) Residence: No. 3976 Edm (Usual place of abode)	St., Ward. Saltung. And If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal V Lute 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH Clother 16, 1984 (Month) (Day) (Year)
(or) WIFE of Market	22. HEREBY CERTIFY, Jhat Jattended deceased from Oct. 12 1934 to Oct. 16, 1934.
b. DATE OF BIRTH (month, day, end year) lune 13, 1870	I last saw her alive on Oct 16, 1984; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:25 Am.
3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chriseleroria Suplintes link
work was done, as SILK MILL, Quen have	Hypertension I link.
10. Date deceased last worked at this occupation (month and 1913 spant in this 43 year)	Cesebral hemorloge Pet 12/98
12. BIRTHPLACE (city or town) Batturier) (State or country)	Other Contributory Canses of Importance:
13. NAME Gobinson	
14. BIRTHPLACE (city or town) Journal Co., Wyd.	Name of operation. What test confirmed diagnosis? Chimical Comme Was there an autopsy? He
5 15. MAIDEN NAME Elisabeth Feathers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT Son: Role Barnes and Fall Rd. (Battimore Md.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURGE, CAPACION, OR REMOVED AND COMPACT OF 121, 193 4	Manner of injury
19. UNOERTAKER AND AUGUSTAGE (Address) 7 30 Jalla Rand	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Pet 16 1934 The A Sutter	(Signed) (Address) 606 Batto ave, Journ, Wd.
To the last of the second	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory gauses of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(31)
County Baltimore	Registration Dist. No. 20
Village or City 11 1 - W as large g ton Length of residence In city of town where death occurred Layer	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Loton Edward	
(a) Residence: No. # alle Road (Usual place of above	St., Ward.
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE Finale 4. COLOR OR RACE OR DIVORCED (win	rice the word)
5a. ff married, widowed, or divorced HUSBAND of (or) WHFE of Canastasia Invoce	22. A I HEREBY CERTIFY. That I attended deceased from Hebruary 22, 1934, to Cet. 13. 1934
7. AGE Years Months Days I	If LESS than day, hrs. The PRINCIPAL CAUSE OF DEATH and related couses of importance
Portion of the second of the s	Building Reguritation with
10. Date deceased last worked et /0-5.3 11. Total time (year) 12. BIRTHPLACE (city or town) Welcommagter (State or country)	this (b)
13. NAME John & Trove	
13. NAME John & huve 14. BIRTHPLACE (city or town) Scotland (State or country)	Neme of operation Dete of Whet test confirmed diagnosis? Island Was there an autopsy? Lo
15. MAIDEN NAME Scalelle Rodly 16. BIRTHPLACE (city or town) - Scottland (Stete or country) 17. INFORMANT - Lance Inc. E Toward Inc. (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Pleces Annual Rudge Date 18/10/	Manner of injury
19. UNDERTAKER John John John John John John John John	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. (Signed)
20. FILED Cot. 10 , 19 34 1 Sult	Registrar. (Address) Jus Washington Md

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	- 51
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	-
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

(Year)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	3 days ago
		Magnia 22 21	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADING INK

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT-CITY OF BALTIMORE

Y	CERTIFICAT	E OF DEATH (200.00)
item of S should ement of	1. PLACE OF DEATH CITY OF BALTIMORE: (No. Pusluslass Re	(wt Wilson Lang (If death occurred in a hospital or institution, give its NAME instead of street and number.)
D. Every PHYSICIANS Exact state	2. FULL NAME John Vincint Mus (a) Residence: No. 1923 & Class (Usual place of abode)	st., Ward. (If non-resident give city or town and State)
ZEC f. fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IENT RE(XACTLY. 7 classified feate.	3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Wielowes	21. DATE OF DEATH (month, day, year) Oct 7, 193
ERMAN ated EX properly of certifi	5a. If married, widowed, or divorced HUSBAND of Mory Murgsly-	List saw h alive on 19 death is said to have occurred on the date stated above, at 10 m.
IS A PE Id be sta may be p	6. DATE OF BIRTH (month, day, year) March 1 = 1887 7. AGE Years Months Days If LESS than 1 day,	The principal cause of death and related causes of importance were as follows:
d. AGE shoums, so that it instructions o	8. Trade, profession, or particular kind of work done, as spinner, noted in kitchen sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, when the saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	fractured shull financian fractures and shock caused fly bing stouch by on automoti Other Intributor causes of importances
ADING supplied ain term t. See i	12. BIRTHPLACE (city or town) Ballona . (State or country) med:	
H arekaly H in pla	18. NAME Thinky Myryshy 14. BIRTHPLACE (city or lown) Scland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there au autopsy?
uld be c F DEAT	15. MAIDEN NAME Ellen Keneally	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
PLAINI ion shoul USE OF	17. INFORMANT Culture Elzabeth W. Cyra	Specify whether injury occurred is industry, in home, or in public wace.
rre ormat ce CA	(Address) 18. BURIAL, CREMATION, OR REMOVAL Place New Cathology Date	Nature of injury as discribed above
B.—WR info	19. UNDERTAKER French H Newsell (Address)	24. Was disease or injury in any way related to occupation of deceased?
z	20. FILE Oct 8 1954 177 OMSe Registrar.	(Signed) Charles M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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/	ery	NS	ent	
	. Ev	ICLA	tem	
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4)IN	Y	so tl	TION is very important. See instructions on back of certificate.
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	Z			

STATE OF MARY	YLAND—C	CERTIFICATE OF DEATH	110
1. PLACE OF DEATH		3	2
County Baltimore		Registration Dist. No.	t
Village or City Noffmanville		NoSt.,	Ward
Length of residence in city or town where death occurred	yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?	
(a) Residence: No. (Usual place o	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
5a. If married, widowed, or divorced	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	3 4 Years
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	1934 if LESS than 1 day. — hrs.	22. I HEREBY CERTIFY. That I attended december 7 — 19 34, to Qeh. 7 — 11 tlast saw h alive on flittle and to have occurred on the date stated above, at	19.3.4
1 9 Tools and tools and tools	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importenco were es follows:	o o i onset
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Stillborn	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	_		
	me (years) t in this pation		
12. BIRTHPLACE (city or town) Masyland (State or country)	d	Other Contributory Causes of Importence:	
13. NAME William Wallie nott			
13. NAME William Walli Wolf 14. BIRTHPLACE (city or town) - Mary Can (State or country)	d:	Name of operation Date of	
	rilles)	What test confirmed diagnosis?	17
15. MAIDEN NAME Machine Elyabeth 9 16. BIRTHPLACE (city or town) mary lan (State or country)	d.	Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17. INFORMANT ovilliam W 16 (Address) welland R. 10 # 2	Math	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place Dela Dela Date Date	- 3 ,1934	Manner of injury	,
19. UNDERTAKER Williams on one (Address) + 18 claud) in d.	th	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED OCT & 1934, San well &	Meller	(Signed) Lyngle: (Address) New Hillans	M. D.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RGIN RESERVED

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	₩ year
	\$661 62 TOO	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE

V. 8. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County / Halfworf	CERTIFICATE OF DEATH
Village or City Danfall (No. 228 Cles	Registration Dist. No. (4) Claud Cer St.: Ward) (If death occurred in a hospital or Institution, give its NAME in-
2FULL NAME The Elizabeth	Obrablo stoad of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale While Single, Married Wisoweb. OR-DIVORCED (Write the word)	16 DATE OF DEATH 6 CF662 16 , 1934 6 CF669 (Month) 6 (Day) 193 (24)
6 DATE OF BIRTH Mar. 8 M., 1925 (Month) (Day) (Year)	that i last saw h 2 alive on 0 2 1924
7 AGE [If LESS than	and that death occurred on the date stated above, at
9 4 13 I day hrs.	The CAUSE OF DEATH * was as follows:
yra. mos. ds. or min.?	Occice / huemalie 1800)
8 OCCUPATION (a) Trade, profession or	
particular kind of work	For years ago
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) who mos ds.
9 BIRTHPLACE (State or country) Ballowing Country	Contributory Secondary (Duration) 5 yrs mos ds.
10 NAME OF A DE COL	(Signed) Tweenty, tooke M. D.
FATHER Muchaelt. Ohrablo	Oct 16 1934 (Address) 8/45-11 Pattornath
OF FATHER (State or country) Sicho - Slovakia	*State the Disease Causing Death, or to Charles Windows
12 MAIDEN NAME OF MUCH OVICE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE Scales - Slovakia	ients or Recent Residents) At place 9 / mos 23 ds. In the State / yrs. mos ds.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Newsel 1 - Option	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 218 Cleveland Cer	Holy Bedlemer Oct 1910 34
15 Filed /0/16/3 492 Pmloarungstarl	Houle Revockton 1906 asham
If we blook are moded address Coats Designation	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Gensus and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) tion applies to cach and every person, irrespective of fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re to report specifically the occupations of persons en-Civil engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Salesman, Locomotive engineer, 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

stated unless important approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite diseasc "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; ... (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease shopneumonia (secondary), etc. valvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10013
County Bala Co	Registration Dist. No.
Village or City Reckord Wd	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Isaac S. O ren	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH COCK, 58, 193 4 (Month) (Day) (Year)
HUSBAND of The late From Orem	22. OHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 31-1851	I lest sew harmer elive on Och 27 1927; death is said
7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, et. 5.3.0.4.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decesed last worked et this occupation (month and the properties) the second in this count in this coun	Cerebral Homontage nu.
10. Dete deceesed last worked et this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Willer sclorosco 230
13. NAME SOLULI COLUMN 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Chuseal Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Leonge Online (Address) Hado My	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 77 ok M. L. C. Date Oct. 31, 1934	Manner of injury
19. UNDERTAKER Clarant E gettur	24. Was disease or injury In eny way releted to occupation of deceased?
20. FILED 10/29 39/ Ally mHammel Registrar.	(Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

CAUSE mation

LION

18. BURIAL, CREMATION, OR REMOVE

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingote, Requesting V. S. No. 1.

Registrar.

Manner of injury

If so, specify

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Date of onset

10 mes

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	٥.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of	**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of the careful o	WITH efully si	THE UNFADING INK—THIS IS A PER S supplied. AGE should be stated E lain terms, so that it may be properly of	RES NG II AGE that	VK-T should it may	HIS be	FOR IS A stated proper	BI B
TION is	TION is very important. See instructions on back of certificate.	ant. Se	e instruct	ions o	n back	of c	ertifica	ste.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
County Dallemore	Registration Dist. No. 33
Village or City Bonng	No. St., Ward
Length of residence In city or town where death occurred 3 / yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Luy @ Peltze	Y
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	(Montff) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY That attended deceased from
B. 4 24-1013	June 15 ,1932/10 0701 ,1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	last saw h M alive on 9/24, 1935, death is said
3 / / day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
9 Industry or husiness In which	Moral Smaffelling
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate decesed last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country) //auflaue	Instamma buy Theumating
13. NAME Stary Peltjer 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Of Menty Cerve	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pauline Colorus 16. BIRTHPLACE (ofty or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (ofty or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) / Manyland	Where did injury occur?
17. INFORMANT Decry Celtyco	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Boring Ind	
18. BURIAL CREMATION, OR REMOVED.	Manner of injury
Date (Olf D., 1924	Nature of Injury
19. UNDERTAKER Edu Oyrpton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Nampstlead mil	If so, specify
20. FILEO (Jah-1, 19 3 4 20 mslade)	(Signed) Muse of Safely M. O.
Registrar.	(Address) les les form ma
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1/10 1C

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A NOVE DOC			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

本/	ORD. Every item of infor-	HYSICIANS should state	st statement of OCCUPA.	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	k of certificate.
MARGIN RESERV	WITH UNFADING INK-	efully supplied. AGE should	in plain terms, so that it may	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH i	TION is very importa

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10017
1. PLACE OF DEATH	82-d
County Balling	Registration Dist. No. 30
Village or City Coatry Snills	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Folus W. Peregay	
(a) Residence: No. 0 833 Frederick R.	LSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 1. DIVORCED ("quite the word)	21. DATE OF DEATH OR - 7 - 1983/1 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Pengary	22. I HEREBY CERTIFY, Thet I attended deceased from July 1978 to Cash 7 1974
6. DATE OF BIRTH (month, day, and yeer) Qua - 6 - 1864	lest saw here elive on Off 1934; deeth is seid
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated ebove, et 10 Pt_m.
70 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were estoliows:
SAWYER, BOOKKEEPER, etc. Relied Store	artirioscleroais Date 01 00000
kind of work done, as SPINNER, Reluced SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Right Cuebral himsplager July 15
work was done, as SILK MILL, SAW MILL, BANK, etc	And it is a second of the
SAW MILL, BANK, etc	Da. Margill died, november 16th, 1934 na further
12. BIRTHPLACE (city or town) Mary land	Other Cantributary Causes of importence:
(Stete or country)	Care vers " wind both 1934
13. NAME John Pergoy	Huld. Joannie
13. NAME 14. BIRTHPLAGE (lity or town)	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an eu'opsy?
15. MAIDEN NAME Sarah 19lut	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Tredick C. Pergay (Address) 735 Mall on Hill Kord C.E.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAT CREMATION OR REMOVAL Compate 3 10, 134	Menner of injury
19. UNDERTAKER Caster Sons (Address) Ellewally Ma.	24. Was disease or injury in eny way related to occupation of deceased? S.C.
20. FILED 199, 193-4 Al Soulie of Registrar.	(Signed) Chay March M. D. (Addiess) Catonsville 40
If more blanks are needed, addess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10018
1. PLACE OF DEATH	. 0
County Baltimore	Registration Dist. No.
Village or City Towson, Maryland	No. Sheppard & Enoch Pratt Hospistal Ward
L G (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MISS AMM Marra Thill	1/25
(a) Residence: No. 2-2-20 - 20 4 54 . WW.	St., Ward. Washington W
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tem ale White OR BIVORCED (write the word)	October 8 193 4
	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Jattanded deceased from
0 2000	December 24,1929, 10 acfolin 8, 1934
6. DATE OF BIRTH (month, day, and year) June 30, 1858	I last saw h L alive on October 19.2 + death is said
7. AGE Yaars Mooths Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at The PRINCIPAL CAUSE OF DEATH and related causas of importance
/6 3 8 ormin.	were as follows: • Date of enset
8. Trade, profassion, or particular kind of work done, as SPINNER, South Rufus SAWYER, BOOKKEPER, atc.	Someralyed artisiosclerous
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (yaars)	more my venda
work was dona, as SILK MILL, Government office	Corones Eleventeris Ida
10. Date deceased last worked at this occupation (populand 92 11. Total time (years) spant in this	Coronany Parameters 144
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) & arluningly	Receive defressed prychons
(State or country) Diffict of Columbia	Z serile + anterio selesolie
13. NAME Thomas Jaroth Phillips	changes 1976
13. NAME Thomas Joreth Phillips 14. BIRTHPLACE (city or town) Persyanic	Name of oparation
(State of Country)	What test confirmed diagnosis? 2000 Was there an autopsy?
15. MAIDEN NAME Grany Fallon	23. If daath was dua to external causes (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida? Date of Injury, 19
E (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Hospital Records (Address) Yours on Man	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Washington, W. Bare October 11, 1934	Nature of injury
19. UNDERTAKER HENRY W. Meurs Lon	24. Was disaase or injury In any way related to occupation of decaased?
(Address) 805 n. lo avert st.	If so, specify
20. FILED Bel 9 198 4 No Planthe	(Signed) MALLAN M. D.
LICA Registrar.	Arthur E. Pattrell (Addrass) Towson Md.

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/	item of infor-	should state	of OCCUPA-	
•	F RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10019
1. PLACE OF DEATH	
County Ballinon	Registration Dist. No. 34
Village or City) Pulle Thouse	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3.0 yrs mos	
12	Elin Phillips
(a) Residence: No. (Usual place of ahode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 10 18 193 4
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of A	(Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attended deceased from
Tachel a Vaillys	ha alendaria , 19
6. DATE OF BIRTH (month, day, end year) Weverber - 860	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 6. Cm.
73 11 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of inflortance were as follows:
8 Trade profession or particular	acrete Dilstalson of treat Sudderly
9. Industry or business in which	0
kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Accellated SAW MILL, BANK, etc. 10. Date dacased last worked at this occupation (month and spent in this occupation (month and spent in this spent i	Brimsny Cause: Chronic myscarditis.
this occupation (month and 8 134 spent in this 50 4 Ms	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) M. Mashing to the (State or country)	
I 13. NAME Elias B. Obliebles	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Manuelland	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Savaly Soliaffe	23. If death was due to external causas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Holise Philety	(Specify city or town, county and State) Spacify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR LINOVAL Place Iturishing Med. Date Cact 20 1934	Manner of injury
19. UNDERTAKER Edwe Tipton (Address) Hampstend med	Natura of injury 24. Was disease or injury In any way ralated to occupation of daceasad? If so, specify
20. FILED Oct 19 , 193/ C. E. South M. D. Registrar.	(Signed) Etgan M. Bush Mit M. D. (Address) Humfislende Mid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bellimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINI mation should be CAUSE OF DEAT V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(8)
County Baltimore	Registration Dist. No. 42
Village or City Halettorpe	NDSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
es of	and Pichett
(a) Residence: No. 337 Who (Usual place of a	bode) St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICL	JLARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (7)	
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (leal)
HUSBAND of Edna B. Wild	22. I MEREBY CERTIFY, That Lattended deceased from
10. 1.	1917, to 011
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days	If LESS than to have occurred on the date stated above, at
55 10 23	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	Date of onset
6 kind of work done, as SPINNER, Or ben	ter 1970
9. Industry or business In which Trank R	apido Company
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	thes
10. Dete deceesed last worked at this occupation (month end spent in	(years) this 3 5
year) 4.3.6 occupat	other Centributory Panses of Importance:
12. BIRTHPLACE (city or town) Woodburg	Md, Cekebro Apma Tues 19
(State or country) Carroll Co.	Tues purpoury
13. NAME Jeorge Handon 14. BIRTHPLACE (city or lown). Corroll Co.	ichett
2 14. BIRTHPLACE (city or lown) Corroll Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? April 7 Was there an autopsy?
15. MAIDEN NAME Mary. D.	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME May, Day, Day, Day, Day, Day, Day, Day, D	Accident, suicide, or homlcide? Dete of Injury
≥ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND Edwa B. Piol	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Messiah bensty, Dete Och.	Nature of Injury
10 HADEDTAKED to M. Walter.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER O. M. Mary (Address) Therefield md.	If so, specify
M111 300 91 16	(Signed) Blockman Sand W.
20. FILED 19. 30	1 Restrar. (Address) Elhridge well

V. S. No. 1

N. B.—WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BUREAU OF THE CENSUS 1. PLACE OF DEATH: Balto MARYLAND County_ Registered No. City -(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs -days. How long in U. S., If of foreign birth?----yrs.----mos.---2. FULL NAME (Usual place of abode) (If nonresident; give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (month, day, and year) I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of Importance were as follows: 7. AGE Years Months Days If LESS than 1 day. Date of onset Valorelar/te --- mins 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc____ OCCURATION 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc_____ 10. Date deceased last worked at 11 Total time (years) this occupation (month and year) spent in this occupation ... 12. BIRTHPLACE (city or town and State or country): 13. NAME: Date of -14. BIRTHPLACE (city or town and State opcountry): Time diwarthere an autopsy? What test confirmed diagnosis? 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAM Accident, suicide, or homicide?_____, 193 16. BIRTHPLACE (city or town and State or country): Where did injury occur? -----(Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place: 17. INFORMANT (name and address): Manner of Injury-18. BURIAL, CREMATION, OR REMOVAL: Nature of Injury 24. Was disease or injury in any way related to occupation of decoased? 19. UNDERTAKER (name and address): If so, specify-(Signed) ----20. FILED (Address) 8-209g c11-3184

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYS	CIAN	

c11-3184

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

10032

1. PLACE OF DEATH	93-2
County Ballimore	Registration Dist. No.
Village or City Stemmero Run	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or fown where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leon Konkow	spe /
(a) Residence: No. Letseki's Jarm, Otin	meroskin Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word Aidawed	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sedwig	22. I HEREBY CERTIFY, That I attended deceased from
1100116	/ n n n n n n n n n n n n n n n n n n n
6. DATE OF BIRTH (month, day, and year)	I last saw h allve on, 19; death is sal
7. AGE Years Months Days If LESS th.	
0 / 6 7 ormin.	I THE I RINCH AL CAUSE OF DEATH and related causes of impuriance
Irade, profession, or particular	Trimary Cause: Chronic my ocarditis.
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Duration: five years, Center 8/18/1935
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	- (icute Cardiac Jusuxe)
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Joland	Other Continuous Causes of Importance.
(State or country)	
# 13. NAME Leon Conkound	Le'
E CONTRACTOR OF THE CONTRACTOR	
14. BIRTHPLACE (city or town) for and (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME Unknown	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did Injury occur?
17. INFORMANT the Rompower King (Address) 420 3 Sydenham Sok. Chila 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sured Heart Mary Date Oct. 22, 19	Nature of injury
11 , 6 1 10	
19. UNDERTAKER John J. Ormelly	24. Was disease or injury in any way related to occupation of deceased?
(Address) Essey md.	If so, specify
20. FILED Ct 2/st 1934 John G. Connell	4 (Signed) Jacob filallman Coroner M.
Registy	17. (Address) Temmels Run Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance.	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF DEATH			92.0	beautiful 4	
1/	County Oscilla	me			Registration Dist. No.	7
	Village or City July C	20)		No.	St.	Wa
	Length of residence in city or town where	death occurred	(If	death occurred in a hospital or in-	stitution, give its NAME instead of street a if of foreign birth?yrs	and number)
2	FULL NAME Inhu	ia Riv	tleda	2	J. J	11100
	(a) Residence: No.	Lexan	md	St., Ward,		
-		(Usual place o			If nonresident give city or town	
-	PERSONAL AND STATIST SEX 4. COLOR OR RACE	1			CERTIFICATE OF DEATH	1
1	uala villa	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	Cecloli 24	193 3 4
5a.	If merried, widowed, or divorced HUSBAND of	10.			,	(real)
	(or) WIFE of	merce		22. I HEREE	9,1933, to Car Z	ded deceesed fro
6. [DATE OF BIRTH (month, day, and year)	aug. 1	8, 1861.	I last saw halive on_	0.0	14 : deeth is sa
	AGE Years Months	Days	If LESS than	to have occurred on the date st	tated above, atm.	
1	73 2	6	1 day,hrs.	The PRINCIPAL CAUSE OF DE were es follows:	EATH and related causes of Importance	104.4
NO	38. Trede, profession, or particular kind of work done, as SPINNER,	Yalor	14		0-1-	Date of onse
ATI	9. Industry or business in which	Hurry		Mym	2 curren	
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.	Aar	W	anue (regnieman	1.41
8	1D. Date deceased last worked at this occupetion (month and year)		In this			
	10	Occup	ation	Other Contributory Causes of in	mportance:	
12.	(State or country)	muon				
ER	13. NAME William	Rutli	lue			
LAIMER	14. BIRTHPLACE (city or town)	1 1	0	Neme of operation	pul Date o	5
	(State or country)	ford	60.	What test confirmed diagnosis?		
HER	15. MAIDEN NAME	a silk		23. If deeth was due to external	causes (VIOLENCE) fill in also the follow	ving:
MOT	16. BIRTHPLACE (city or town)	pa.		Accident, suicide, or homicide?.	Date of Injury	, 19
_	(State or country)	n to	7.1	Where did injury occur?	(Specify city or town county and	State)
17.	(Address) 347 Olchester a	and will	rage	Specify whether injury occurred	d in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	W 10 000	· orria	Manner of injury	rue	
	Place West Liberty	Date GO.	26 , 1934	Nature of Injury		
19.	UNDERTAKER Philip THE	lacklin	et son	24. Was disease or injury in any	y way related to occupation of deceased?	
20.	FILED 6 0 24, 1924 AV	lliany.	Chilcon	(Signed) B R	Benn	mad.M.
		0	Registrar.	(Address)	very mile	IVE

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

1. PLACE OF DEATH	93-20 10024
County Baltimore	Registration Dist. No. 43
Village or City Zinhugh Length of residence in city or fown where death occurred vis mos	No/02 winhigh Ove, St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. 102 Linkigh and, (Ujusi place of abode)	St.; Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Germand Schwerker 6. DATE OF BIRTH (month, day, and year) Oct 2nd 1804 7 7. AGE Years Months Days If LESS than 1 day,	22. I HEREBY CERTIFY. That I attanded deceased from 1934, to October 7, 1934; death is said to have occurred on the date stated above, at 122m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ware as follows: Date of onset
12. BIRTHPLACE (city or town) Varknown (State or country) Formany	Other Coutributory Causes of importance:
13. NAME VINOVO J 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What tast confirmed diagnosis? Personal Observ Wasthere an autopsy? Us).
15. MAIDEN NAME INFORMANT 16. BIRTHPLACE (city or town) (State or country) Ferromant 17. INFORMANT PLAS A Left School (Address) Of Links School (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Last Fill Country goat Cet 10 H., 1934	23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
19. UNDERTAKER Praderick, Sasalans Jours (Address) 740 / Belair (1000) 20. FILED 10/9, 1934 S. a. Flitp. M. D. Registrar.	Natura of injury. 24. Was disease or injury in any way related to occupation of doceased? If so, specify (Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
weekl V. *-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	M. D. B. 1268-9	100	3
M)	HEALTH DEPARTMENT	CITY OF BALTIMORE Cam	K
very item of IANS should statement of	1. PLACE OF DEATH CITY OF BALTIMORE: (No. Reday, and C	TE OF DEATH (5) Registered No. (If death occurr a hospital or last give its NAME	Itution
CORD. E PHYSIC ed. Exact	Length of residence in city or town where death occurred	of street and number	er.) ds
NT ACTLY classifi tte.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ERMANE tated EXAproperly of certifica	5. Single, Married, Widowed, or Divorced (write the word) The HUSBAND of (or) Wife of Charles (A. Color or Race or Divorced (write the word)	21. DATE OF DEATH (month, day, year) /0 / 6 / X 22. I HEREBY CERTIFY, That I attended deceased	19.3.
IS IS A F hould be it may be s on back	6. DATE OF BIRTH (month, day, year) 8 - / \(\sigma - / \text{BYG} \) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	of onse
pplied. AGE s terms, so that See instruction	kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other contributory causes of importance:	
NFAD illy su plain tant.	12. BIRTHPLACE (city or town) Balta City (State or country)	Quidosio	?
uld beareful) F DEATH in is very impor	13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? Z 23. If death was due to external causes (violence) fill in also the lowing: Accident, suicide, or homicide?	the fol
nation short CAUSE O	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT CALLED ALLEGED ALLEG	Where dld injury occur?(Specify city or town, county, and S Specify whether injury occurred in industry, in home, or in place	tate) publi
-WRIT inform state OCCU	18. BURIAL, CREMATION, OR REMOVAL Balt Co. Red MPlaceton Ingland Date 1999, 193	Manner of Injury	
N. B.	19. UNDERTAKER CANALAGE PARTIES (Address) 305 January 19.	24. Was disease or injury in any way related to occupation of dec	ceased
, vi	20. FILED 10/17/34 19 9-14 Bacon Registrar.	(Signed) J. M. Dacous (Address) 2810 Jaylor Lever	M. D

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A. D. B. 1268-9			

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certificate

no

instructions

important.

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CAUSE LION

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STATE OF MARYLAND-CERTIFICATE OF DEATH 10006

Date of enset

March

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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County Saltymore		Registration Dist. No. 44
Village or City / Length of residence In City or town whera de		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME GENTS (a) Residence: No. 2886	Reputer of abode	201
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ostober 25 - 193.
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of MANAGER (or) WIFE of	O Comelle	22. I HEREBY CERTIFY, That I attended deceses
(or) WIFE of Margaret	Or correct	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 3 7 6	Days If LESS than 1 day,	I last saw h allva on, 19; death to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	Tig Mrowning Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	ud.	Jungarary Insane
13. NAME Joseph 14. BIRTHPLACE (city or town) (State or country)	Balto und.	Neme of operation Date of Wes there an autopsy?
15. MAIDEN NAME Sarbare 16. BIRTHPLACE (city or town) (Stete or country)	Jeike Balts	23. If deeth wes dua to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Jacysh S. (Address) 30 2 - 2 mil	Feine Jundowne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place You Columnia	Date Oct - 27, 1937	Manner of injury
19. UNDERTAKER John 6. (Address)	melly	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) Jacob Hallman Poroner
20. FILED C. 2.6., 1935 491	W/9: Omnelly Registrar.	(Address) Stermmers Run Md

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Other will be Zon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NO

OCCUPAT

MOTHER

19. UNDERTAKER

(State or country)

18. BURIAL, CREMATION, DR REMOVAL

Mens

Virginia

__ Date_C

Wilson.

Accidant, suicide, or homicide?______ Date of injury______ 19_____ Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of injury.

(Signed)

24. Was disease or injury in apy way related to occupation of deceased. If so, specify

Wilson, Md.

Registrar.

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Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

STATE OF MARYLAND—C	23
Village or City Oursys Mills, Med. (If a Length of residence in city or town where death occurred 14 yrs. 0 mos.	Registration Dist. No. ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? Other March 15 and Baltomar C.S.
(a) Residence: No. Reservord State Training (Usual place of abode)	School Ward. Information of State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single -	21. DATE OF DEATH Cetole 2, 193 4 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERT1FY, That I attended decassed from Munch 15, 1934 to Oct. 4. 1934
6. DATE OF BIRTH (month, day, end year) 1914?	I last saw h. St. alive on C. C
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Bilateral Pulmmany Tabererloses palemon. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) hulknown (Stata or country)	Hydrocephalic Tenhecile - Congents
13. NAME Philip Stinger 14. BIRTHPLACE (city or town) Louksum (State or country)	Name of operation Asset — Date of
15. MAIDEN NAME (unknum) 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Institutional Records - Rosewood (Address) Cowings Miles, Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CEMPORE ON 3, 1934	Menner of injury
19. UNDERTAKER FE line + Sons (Address) Distriction Md.	24. Was disease or injury in any way related to occupetion of deceased? No. If so, specify (Signad) Jamy B. Buller M. D.
20, FILED Registrar.	(Address) I Cavinys mills, Ind.

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il	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	7 to 7	STATE OF MARYLAND-	-CERTIFICATE OF DEATH - 09966
11	infor- state UPA-	1. PLACE OF DEATH	111
W/	of infor ould stat OCCUPA	County Battemore	Registration Dist. No. 30
7	should of OCC	Village or City Cottons ville	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
~	nt NS	Length of residence in city or town where deeth occurredyrs	osds. How long In U.S. if of foreign birth?yrsmosds.
D	CORD. Every PHYSICIANS oct statement	2. FULL NAME anna belone feedy	has have Eggret. Tallott
1	D. J	(a) Residence: No. & Shapley	St., Ward.
	RECORD PHYS Exact sta	(Usual place of abode)	If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rk		3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Yéar)
BINDING	A C ssiff	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 44. m. 10-28 1934 to 7 20 Pm 10-28 1934
Z	RM X cla	1-19-34	1 1 1 1 1 1 1 1 1 1
	PE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.2 m.
FOR	IS A PE stated E properly certificate.	9 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_	be be of c	8. Trade, profession, or particular kind of work done, as SPINNER,	Ill was mus (about
Œ	1	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	Carro Ententes
R	ma	work was done, as SILK MILL, SAW MILL, BANK, etc.	10-16-34
RESERVED	INF sh t it	11. Total time (years) this occupation (month end X spent in this occupation X occupation X	
		12. BIRTHPLACE (city or town) Catan ville	Other Contributory Causes of importance:
RGIN	d. d.	(Steta or country)	
RG	WITH UNFALL efully supplied in plain terms, int. See instru	# 13. NAME Clevelseyn Ready	
1	H U	14. BIRTHPLACE (city or town)	Name of operation
		(State of country)	What test confirmed diagnosis? Was there en aulopsy?
	carefully CH in pla ortant.	15. MAIDEN NAME TABLE TO STATE	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
		16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	PLAINLY, ould be can be DEATH sery import	∑ (State or country) ma.	Where did injury occur? (Specify city or town, county and State)
	AIDE DE	17. INFORMANT Latte	Specify whether injury eccurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) # + Shapley avz.	
	E S	18. BURIAL, CREMATION, DR REMOVAL Place Western Star Date October 30, 193:	Menner of injury
	WRITE mation sl	1 1000	Nature of injury.
=	ma CA TI	19. UNDERTAKER GOLJAH G. LIVELY	24. Was disease or injury in any way related to occupation of deceased?
No.	B	(Address 140 9M. Merent it fleghinger Ce)	(Signed) A allest Mulls M. D.
> S3	z (T)	20, FILED 30 , 19 Registrar.	(Address) # 79 winters are
			ar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1. 1 tons colla md.
			Charles of May

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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H	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
May 1,1923	(iastrocuteritis	1 y
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

For	outhous To	on of es	// A . \	rame pe	e buth certific
	0	0			

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NO. A			
Other contributory causes of importance:	HI ST	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Drug Interior letter Due 10 Bromo - Sellzes"
or Bromide token in It cess our along fresion.

	Every	ICIANS	stement
)	RECORD	. PHYS	Exact ste
NDING	AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	d be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	DEATH in plain terms, so that it may be properly classified. Exact statement
ARGIN RESERVED FOR BINDING	IS A PER	stated E	properly c
Q	HIS	þe	pe
SERVI	NK-T	plnods	it may
天民	ING II	AGE	o that
ARGIN	UNFAD	ipplied.	terms, se
5	WITH	fully su	n plain
	AINLY,	d be care	DEATH !

certificate.

See instructions on back

TION is very important.

CAUSE OF

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(2.)	
county Baltimore			Registration Dist. No.	38
Village or CityEUDQWQQQ_ Length of residence in city or town where		2 0	death occurred in a hospital or institution, give its NAME instead of street and no death occurred. How long in U.S. if of foreign birth?	Ward umber)
2. FULL NAME GARA	Zellen	an	113	us
(a) Residence: No. 516	World (Usual place		St., Batta Mard. If nonresident give city or town and S	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	лате
3. SEX 4. COLOR OR RACE W	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	193/
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Trank	Jellu	an	22. I HEREBY CERTIFY, That I attended do	eceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 2.5 / 8. Trede, profession, or particular	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 350 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ot onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and year)		ima (years) ntin this upation / Oyr.	TuBuculonis Palmonaly	Jaw 14
(State or country)	mss., W	y	Other Coutributary Causes of Importance:	
14. BIRTHPLACE (city or town) (State or country)	know		Name of operation Data of	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Hospital Records—Petr. Informant Eudowood Sanatorium	ersonal	History	What tast confirmed diagnosis? Was there an aut 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	, 19
18. BURIAL, CREMATION, OR REMOVAL	U Data 13 - 1		Manner of injury	
19. UNDERTAKER (Addrass) 100 h	GAST		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED O 7 /0 , 1934	Mu b	Bretter Def Registrar.	(Signed) TOWSON, Md, (Address) TOWSON, Md, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. D.

B

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state

County Village or City Length of residence in city or town where death occurred (I) death occurred in a horpitel or institution, give as NAME, instead of interest and austher) (B) Residence in city or town where death occurred (B) Residence in City or town where death occurred (B) Residence in City or town where death occurred (C) Residence in City or town and State PERSONAL AND STATISTICAL PARTICULARS S. I. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Month) (Day) (Month) (Day) (Month) (Month) (Day) (Month) (STATE OF MARYLAND—	CERTIFICATE OF DEATH
Leagth of residence in city or town where death occurred. Leagth of residence in city or town where death occurred. Leagth of residence in city or town where death occurred. Most death occurred. Most death occurred. Mard. It noneroident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wrige the word) Sa. If married, widowed, or divorced It is stand to the control of the data stated above, at MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HERE BY CERTIFY. That I attended deceased from the data stated above, at Months: Days If LESS than to have occurred on the data stated above, at SAWYER, BOOKEEFER, et RINER, SAWYER, BOOKEEFER, et	1. PLACE OF DEATH County Jaeximore	Registration Dist. No.
Length of residence in city or town where death occurred		
Clust place of abody Ill nonecident give city or town and State	2. FULL NAME Edith Jucker	
3. SEX SECULE SECTION OR RACE ON DIVORCED ("wing the word) OR DIVORCED ("w		If nonresident give city or town and State
Semale Ool OR DIVORCED (write the word)		
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day	Temale Ool. OR DIVORCED (write the word)	Oct. 30 1934
T. AGE Years Months Days If LESS than I dayh.rs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Out of one as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation month and year) (State or country) Table Principal Causes of importance: Other Ceatributery Causes of importance: O	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 19 34; to Oct. 30, 19 34
State or country State or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. State or injury in any way related to occupation of deceased? State or state and st	6. DATE OF BIRTH (month, day, and year) October 30, 1934	I last saw h_Ad alive on Oo / 30 , 1934; death is said
S. Trade, profession, or particular S. All the companies S.	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Ditter Coatributery Causes of importance: Other Coat	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prematine Buth
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Ditter Coatributery Causes of importance: Other Coat	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (Specify city or town, country and State) Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) Manner of injury 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? 26. Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 19. UNDERTAKER (Address) 16. So, specify (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 19. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? 16. Specify (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) (Specify city or town, country and State) (S		Utner Coathbutory Causes of Importance:
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Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Maile Mall, Mad. Oate Moor 1, 19 19. UNDERTAKER (Address) 20. FILED Det 31, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. Mere did injury occur? Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. INDUSTRY, In HOME, or in PUBLIC PLACE. In Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. In Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. In Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. In Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) If so, specify (Signed) M.	15. MAIDEN NAME GLORGIC Powell	
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Place White Hall, Mid. Oate 100 1, 19 24 Manner of injury 19. UNDERTAKER Charman 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Charman 15 of Section 15 of Sectin 15 of Section 15 of Section 15 of Section 15 of Section 15 of S	The state of the s	(Specify city or town, county and State)
20. FILED Det 31, 1934 Francis Of Blate (Signed) B. A. Shurmantino M.	310.0 11 00 00 1 00 1 3	
20. FILED Det 31, 1934 Francis OfBlato (Signed) Of A Shysmanling M.		
Oceal, Registrar. (Address)	20. FILED Bet 31, 1934 Francis Of Blake	12 h Vlasses 13

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STATE (OF MARYLAND-	-CERTIFICATE OF DEATH	033
1. PLACE OF DEATH		(15g)	
County Saltem	ore	Registration Dist. No.	9
Village or City	tu Stalle	NoSt.,	Ward
Length of rasidence in city or town where		If death occurred in a hospital or institution, give its NAME instead of street and no osds. How long in U.S. If of foreign birth?	
2. FULL NAME Edw	2. 1. T L	and a second sec	
(a) Residence: No.	Whit- Wall	0 W 1	
(a) Residence. No.	(Usualplace of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Yaar)
5e. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended d	
(or) WIFE of	V	Oct. 30 1934 to Oct. 30	aceasad from
6. DATE OF BIRTH (month, day, end year)	Det. 30, 1930	I last saw h alive on Oct. 30 1936	death is said
7. AGE Years Months	Days IFLESS than	to have occurred on the date stated abova, et La_ka_m.	
	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	0
8. Trada, profession, or particular kind of work done, as SPINNER,		7	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Oremalin Buth	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	/		
ting occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	the Gall, Mid	2	
	, 2. 4		
E	Baltines		
State or country)	restand	Name of operation Date of	
15. MAIDEN NAME Teorgi	and Paswell.	What test confirmed diagnosis? Was there are au 23. If death was due to external causes (VIOLENCE) fill in also the following:	lopsy?
16. BIRTHPLACE (city or town)	alto Co	Accident, suicide, or homicide? Date of injury	10
(State or country)	naryland.	Where did Injury occur?	
17. INFORMANT Edwars (Addrass)	l Tuckey hite Wall, md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, DR REMOVAL	3.1. 200 / 31	Manner of Injury	
Pleca / Muce Galley !	Date 19	Natura of Injury	
19. UNDERTAKER LEAVE (Addrass)	Kalman!	24. Was diseasa or injury in any way related to occupation of daceased?	
	J . 019	(Signed) (Signed)	M D
20. FILED Oct 36, 1934	Local Registrar.	(Address) Sparke Md.	m. D.
7.0	blanks are needed address State Perious	A Challes a Rui Challes	

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECENTED IN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH			(OC-E)	
County	Ballimon			Registration Dist. No. 33	
	ty Owng Y			No. St., death occurred in a hospital or justitution, give its NAME instead of street and numb ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NAM	ME von Be	rries Co	rolyn	St, Ward.	
	AL AND STATIST			If nouresident give city or town and State MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Oay) , 198	4
5a. If married, widows HUSBANO of (or) WIFE of	Julius vm	Borres		22. 1 HEREBY CERTIFY. That I attended dece	193.4.
6. DATE OF BIRTH (17. AGE Year		0eys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 430 m. The PRINCIPAL CAUSE OF DEATH and related pauses of importance were as follows:	ath is said
kind of w SAWYER, 9. Industry or b work was SAW MILI 10. Dato decease this occup year)	or town) Balls	spa oca	ime (years) nt in this upation	Other Contributory Causes of Importances'	
13. NAME Q 14. BIRTHPLACE (State or		man		Name of operation	<u> </u>
15. MAIDEN NAM 16. BIRTHPLACE (State or	AE Eline von (city or town) History	Santa	2	What test confirmed diagnosis?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Address) 18. BURIAL, CREMATI Place God	Owings mill ON, OR REMOVAL	of TEE	insmit	Manner of Injury	
19. UNDERTAKER (Address) 20. FILE COL	Jella J. 1934	Lus S	La Cle Registrar.	24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) Halliam Halliam Halliam (Address) 1700 Halliam M	2 M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
DUITIONAL SPACE FOR FURTHER STATEMENTS BY THIS COM

N. B.

certificate.

See instructions on back of

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		4 7	15	Day	
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1. PLACE OF DEATH			
County Baltimore.			Registration Dist. No.
Village or City Sparrows		(1	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		yrs,mos	sds. How long in U.S.II of foreign birth?yrsmdsds.
2. FULL NAME James J	allace		BA.
(a) Residence: No. 901 Be	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Negro	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH / O /2 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE o1	rie Wal	lace	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Feb. 26	1,1884	I last saw h elive on
7. AGE Years Months 50	P Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti sper occu	or ime (yeers) thin this pation 1	Other Contributory Causes of importance:
13. NAME John T Vic	llace		
13. NAME John 7 We 14. BIRTHPLACE (city or town)	Vu		Name of operation Date of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Carrie	wallice		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Va. (Slate or country)			Accident, suicide, or homicide? Date of injury
17. INFORMANT Carri (Address)	e wallice		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Hampton Va	Dete Oev	20 ,1934	Manner of injury
19. UNDERTAKER Siah BY (Address)	oun +	2 in	24. Wes diseese or injury in any wey related to occupetion of deceased?
20. FILED EN / 9 Th, 1934/9-16	M. Jim	ries 6 MD Registrar.	(Signed) James IV III I with long or of (Address) 1022 Fat De mon Point

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Baltimor	_	Registration Dist. No.
Village or City Esset		No. Stewart live Essel St.
Length of residence in city or town where deat	h occurredyrs,_/	(If death occurred in a horpital or iostitution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
2. FULL NAME Cimelia	6. Wel	ch
(a) Residence: No. Stewart	- ave Es	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS SINGLE, MARRIED, WIDOW	MEDICAL CERTIFICATE OF DEATH
7 White	OR DIVORCED (write the w	
HUSBAND of John Car	Welsch	22. OF HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year)	c-10th-18	4 I lest sew here alive on Oct 12 1934; deeth
AGE Years Months	Oays II LESS	
70 70 10	2 9 I day,m	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	premile	
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Joustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oeta decased lest worked at		(le l'enoselerosis Cho
10. Oeta decaased lest worked at this occupation (month and yeer)	11. Totel tima (years) spent in this occupation	
BIRTHPLACE (city or town) Baltin	ince	Other Coutributory Causes ol importanca:
(Steta or country)	mil.	- (rehal Hamarlage 17
13. NAME James Do	melly	1
14. BIRTHPLACE (city or town) (Steta or country)		Nama ol operation
15. MAIOEN NAME Zura	a curver	What test confirmed diegnosis? Was there an autopsy?
	1 curum	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	known	Accident, suicide, or homicide?
INFORMANT John Hel	cho,	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OB-REMOVAL	e assic	Menner of injury
how ~ too the day	Oata 10/16 ,1	
O. UNDERTAKER Johns 9. 6.	onnelly	24. Was diseasa or injury in any wey releted to occupetion of deceased?
FILE Ot -15 thro 34 John	19. Connel	If so, specify (Signed) (Address) (Address)

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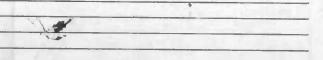
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



OCCUPATION

FATHER

MOTHER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signad)

(Addrass) _____

Towson.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIDEAU V. W.			
Other contributory causes of importance:		Other contributory causes of importance:	F 2 475
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TATE OF	MARYLAND—CERTIFICATE OF DEATH	10039
TH	940	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10039
1. PLACE OF DEATH	940
County Salt.	Registration Dist, No. 40
Village or City Met Sucha Wes	No. St Ward
Length of rasidance in city or town where death occurred vrs mo	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME NOT TO A W	100,
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tenale Multi- Manies	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad	(1001)
(or) WIFE of Clayton Visnous	220ct 28 CERTIFY, That I attandad decaased from
6. DATE OF BIRTH (month, day, and year) Shr 30-1857	I last saw h. L. alive on C. 28, 1934 death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 2m.
67 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as of ones.
8. Treda, profasšion, or particular Kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc	Caronary Occusion 1934
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month end year) spent in this year)	
12. BIRTHPLACE (city or town) 2005 ((State or country)	Other Contributory Gauses of Importance: 1922
13. NAME Thomas Delivation 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Dete of What tast confirmed diegnosis? More Was there an aulopsy? U.S.
15. MAIDEN NAME Hannel Orown	23. If death was dua to axtarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Aum of Orown 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicida, or homicide?
17. INFORMANT Clayton Wisnow (Address) Hule July	Whare did injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa FISTR M. C. Com Dela Oct 30, 1934	Manner of injury
19. UNDERTAKER Clausia E arthur	24. Was disaasa or injury in any way related to occupation of daceased?
20. FILED # 0/29 184 Hallsmalammag Registrar.	(Signad) (Addrass) (Addrass) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	2	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY-PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

	STATE (OF MARYLAND-	-CERTIFICATE OF DEATH	
1. PLACE O	F DEATH .		(93-jc) 3 3	,
County	Ballens	re County.	Registration Dist. No. 77	74.
Village or (city Park	eton mid	No.	War
Langth of res	sidance in city or town whare	daath occurred 40 vrs m	If death occurred in a hospital or institution, give its NAME instead of street and num osds. How long in U.S. if of foraign birth?	ber)
2. FULL NA	2 11	7	Mos. mos.	
		tan 7	til divinoris.	
(a) Resider	iice. No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ite
	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Male	4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9)3 C
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced			(1441)
(or) WIFE of			22. CHEREBY CERTIFY, That I attended dack	eased from
S. DATE OF BIRTH	(month, day, and yaar)	6-12.18.59	I last saw have alive on OCT ? 1 1934 de	aath is s
7. AGE Yas	ars Months	Days If LESS than	to have occurred on the data stated above, at 12	14th 12 26
7	5 7	27 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca	
8. Trada, profa	ssion, or particular	Ar	arteriorduras De	ate of one
SAWYER	work dona, as SPINNER, BOOKKEEPER, etc.	Mry - marcon	myrachitis chique.	
9. Industry of work wa	businass in which as dona, as SILK MILL, LL, BANK, etc		Brules- presumming	
10. Data daceas	ad last worked et	11. Total tima (yaars) 6 8		
yaar)	pation (month and 19)	spant in this 6 0		
2. BIRTHPLACE (ci	ity or town)	dand.	Other Contributary Canses of importance:	
(Stata of cou				
13. NAME	willer	age.		
13. NAME	E (city or town)	ş 1	Name of operation Date of	
	r country)		What tast confirmed diagnosis? Was there an autop	osy? 2
15. MAIDEN NA	ME Jaut	Juan.	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE		11	Accidant, suicide, or homicide? Date of injury	., 19
(Stata or	country)	111	Whera did Injury occur? (Specify city or town, county and State)	
7. INFORMANT/ (Address)	Park	tracey.	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
BURIAL GREMAT	Lerly Lewell	ing Och 11th,	Mannar of injury	
nest	Celerty Bal	take the	Natura of injury	
9. UNDERTAKER	Saul M.	Jarleusley	24. Was diseasa or injury In eny way ralated to occupation of daceasad?	
(Addrass)	Zim Helly	melasu to	If so, specify	
0, FILED OP	185, 1934 COL	rester Tullon	(Signed)	M.
		· Registrar.	(Addrass)	A

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